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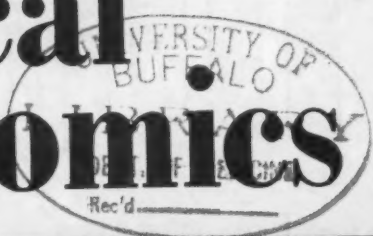
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Medical economics



EMBER 1939

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It stimulates the alimentary canal and produces improved muscle tone and muscle nutrition. A helpful respiratory and vasomotor stimulant.

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Medical Economics

THE BUSINESS MAGAZINE OF THE MEDICAL PROFESSION

DECEMBER 1939

Cover by R. I. Nesmith

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RHEUMATOID ARTHRITIS • FIBROSITIS • PLEURODYNIA**

it is best applied by means of Antiphlogistine, which maintains its heat for many hours without devitalizing or rendering the tissues sodden. It is an aid to improving the circulation through the parts, encouraging dissipation of the inflammatory deposits and reducing the pain.

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natural sleep



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No longer will patients of yours be obliged to read themselves to sleep. For you may now prescribe for them a safe and comparatively harmless hypnotic—EUDITAL—developed after months of investigation and exacting clinical work by the United Drug Company Department of Research and Technology, one of America's great drug laboratories.

Eudital fills a long-recognized need of the medical profession—inducing sleep without markedly affecting the circulation, respiration or heart action. Physicians will welcome this non-barbituric hypnotic and sedative. While not so powerful or potent as the barbituric preparations, nor its action as rapid, Eudital is fast enough. 2 to 4 tablets will induce sleep in from 5 to 30 minutes, which lasts from 4 to 5 hours, after which natural, restful sleep follows.

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speaking frankly

DEC. 1939

C.P.S.

TO THE EDITORS: In connection with your October article on the California Physicians' Service (voluntary health insurance plan), I'd like to give my reasons for not joining it:

First, I feel that it was hurriedly put together in an effort to ward off the State's plan. Second, the State plan, in my humble opinion, is a much more practical method of public health insurance.

A. C. Ambler, M.D.
Arcadia, Calif.

TO THE EDITORS: By organizing such a plan as the C.P.S., doctors have demonstrated their ability to cooperate in taking care of the "ill-housed, ill-fed, ill-clothed one third of a nation," who have become the chief beneficiaries of the New Dealers.

Leo J. Adelstein, M.D.
Los Angeles, Calif.

TO THE EDITORS: Although I prefer to continue as a private practitioner, I have joined the C.P.S. because I believe it to be a lesser evil than Federal control.

I fear there may be less incentive for good work. I dread the red tape entailed. But I hope that eventually the plan will serve the greatest number of patients to the best advantage, and that in time it will work to the advantage of physicians also.

Charles E. Atkinson, M.D.
Banning, Calif.

TO THE EDITORS: I do not like any movement in the direction of regimentation. I believe, however, that the California Plan, devised by some of our leading physicians after much study and consultation, is worth trying out. Those in charge are men of

the highest calibre in whom we should have the utmost confidence. They have the ability to make this plan work if it is humanly possible. I say, let's get behind them. If the plan does not work out satisfactorily, one always has the option of resigning.

Harry E. Alderson, M.D.
San Francisco, Calif.

ANATHEMA

TO THE EDITORS: I read MEDICAL ECONOMICS every month, and I certainly sympathize with every doctor's assistant, no matter where she may work.

Employed in a doctor's office, I go through a life of torture and misery on account of his wife. She is always downstairs during office hours, and is forever answering the doorbell or the telephone—all of which is none of her business. The funny part of it is: None of these doctors' wives do anything for a living. Yet they're a constant financial drain.

At last I can express my feelings in public!

M.D.'s Assistant
New Jersey

PARAGONS

TO THE EDITORS: Reading the complaints from doctors' assistants and wives, I can sit back and laugh. I think I work for a practically perfect boss and a practically perfect boss' wife!

Mama stays home. If, by some long chance, she does come into the office, she speaks her piece and gets out. She never demands to speak to the doctor over the telephone. Consequently, I'm always tickled to death to see her.

My boss never bawls me out. And

"CHORDA CHIRURGICALIS"

*Announcement regarding the new
U.S.P. nomenclature for surgical catgut*

SURGICAL CATGUT has recently been included in the United States Pharmacopoeia listing of official products. To translate into U.S.P. nomenclature, some new terms to designate type, as set forth therein, are being adopted by Johnson & Johnson, although the actual products are the same as heretofore supplied.

In our new labeling now in preparation,

the official designations will be used. The new general descriptive term is—

**CHORDA CHIRURGICALIS
SURGICAL GUT**

**Chord. chirurg.—Surgical "Catgut,"
"Catgut" Suture.**

The new designations as adopted by Johnson & Johnson are listed below.

TYPE A, PLAIN (formerly "Plain")

TYPE C, MEDIUM-CHROMIC (formerly *Medium-Hard-Chromic*)

The new terms, Type C and Type D, refer to the chromicizing treatment given the gut so that it will resist digestion for longer but varying periods of time. Types A, C and D of Johnson & Johnson Ethicon Surgical Gut will be available in Non-Boilable Tubes, as heretofore, and so labeled. Boilable Tubes of Johnson & Johnson Surgical Gut will also continue to be supplied.

TYPE D, EXTRA-CHROMIC (formerly *Extra-Hard-Chromic*)

Boilable and Non-Boilable, as referring to sterilizing the exterior of the tubes, continue to mean the same thing they always have.

* * *

Johnson & Johnson welcomes the adoption of quality standards and uniform nomenclature by the U.S.P. for surgical gut, and will conform to them in all respects.

Johnson & Johnson
NEW BRUNSWICK, N. J. CHICAGO, ILL.

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I've done some pretty dumb things. He's considerate of my time and pays me for overtime if I work late. I get raises without asking for them. He'll talk himself hoarse explaining medical questions to me.

Result? I'd cheerfully work my fingers to the bone if he asked me to.

Another M.D.'s Assistant
Missouri

PRODIGALS

TO THE EDITORS: In 1934, the A.M.A. House of Delegates urged hospitals to require affiliation of staff members with their county medical societies. Inquiry of the A.M.A. has brought the response that this program is progressing satisfactorily.

Yet in Philadelphia, at least, this is not the case. A survey I've conducted covers thirty-five large hospitals in Philadelphia and vicinity. In no case is the hospital staff 100 per cent affiliated with the Philadelphia County Medical Society or adjacent societies. In fact, some institutions have a high percentage of non-affiliated staff members.

This is regrettable. For how can we expect the rising generation of doctors to become affiliated if their chiefs do not?

Francis Ashley Faught, M.D.
Philadelphia, Pa.

"RELIEF"

TO THE EDITORS: As a result of the drought, North Dakota in 1936 offered a fertile field for socialized medicine. Most of the farmers had absolutely nothing. Consequently, the Federal Government appropriated a sum, to be combined with a small

sum from the State, for emergency medical purposes.

To be eligible for such care, the farmer had to have had a Farm Security Administration grant. Anyone who had had one at any time could become a member of the FSA's Farmer's Mutual Aid Corporation.

This was formed Oct. 8, 1936. On Oct. 19, the North Dakota Medical Association agreed to care for FMAC clients for reduced fees. A few of the fees were: major operation, \$50; minor operation, \$16.67; obstetrics, \$20; office visit, \$1.33; house call, \$2.

The farmer was to pay \$2 per month. That included his entire family. In case he didn't have the money, he borrowed it from the Government.

The first year, hospital care and drugs were not provided. During the second year, both of these, as well as dental care, were included in the yearly \$24.

At first, bills were paid in full, although late. This lasted until the funds shrank. Then the corporation pro-rated discounts each month. These ranged from 15 to 54 per cent. So an appendectomy or cholecystectomy paid a surgeon \$23! An office call netted 61 cents!

The pro-rating was objected to by the State society in the beginning. But the corporation said it could not obtain appropriations without it.

The profession cooperated until a few months before the second agreement terminated last July. A few county societies abrogated it because of excessive cuts in bills. Most of us carried on until the end.

The biggest faults of the experiment were pro-rating and the interpretation of "emergency." Yet those weren't all. Many cases were turned

DOUBLE ACTION — SINGLE DOSAGE

- (1) Acidifies the Urine
 - (2) Liberates formaldehyde
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INFECTIONS

Effective Lasting Shrinkage

Case History: F. O'B. Age 23, male, white. Worker in chronic acid plant. Complained chiefly of earache and head stoppage. Observed at Nose and Throat Clinic of a Philadelphia hospital.

EFFECTIVE IN MINUTES



**1:52
P.M.**

Swollen turbinates and septum. Two inhalations from 'Benzedrine Inhaler.'



**2:01
P.M.**

Maximum shrinkage. Inferior and middle turbinates and septum decongested.

LASTING FOR HOURS



**3:15
P.M.**

Inferior turbinate and septum still shrunken. Middle turbinate exposed.



**4:00
P.M.**

Both turbinates still contracted. Very slight return of turgescence.

BENZEDRINE INHALER



Each tube is packed with amphetamine, S. K. F., 325 mg.; oil of lavender, 97 mg.; menthol, 32 mg. 'Benzedrine' is S. K. F.'s trade mark, Reg. U. S. Pat. Off.

SMITH, KLINE & FRENCH LABORATORIES, PHILADELPHIA, PA.

EST.  1841

down by the medical referee, and neither doctor nor hospital was paid at all.

Fortunately, the farmers have harvested a fair crop this Fall. So we hope there will be no attempt to promote something similar. The majority of doctors in North Dakota are glad it has ended. Even the farmers were dissatisfied. When their sickness was not an emergency, we could not treat them. Often we did, anyway, hoping to collect some day.

We found that many clients could raise the money if they had to. First they would present the FSA card, hoping it would suffice. When told it would not, a good percentage came back with the money.

One feature of the experience gives us our only satisfaction. Many doctors in small towns would not have been able to make a living if there had not been Federal aid of some kind.

R. D. Nierling, M.D., President
Stutsman County Medical Society
Jamestown, N.D.

[Recently, the FSA was reported to have resurrected its medical program in North Dakota. Subsequent information from officials of that State's medical society, however, reveals that attempts to continue the program have failed because of disagreement among professional groups involved.]
—THE EDITORS]

TO THE EDITORS: In Sept. 1938, Pennsylvania instituted a medical-relief system. A large percentage of the

State's physicians cooperated with the Board of Assistance in performing this work.

Little did we think that it would end in a farce.

As I write this, we have been waiting seven months for our checks. We have just received compensation for services rendered last February. Our bills have been cut to 33 cents on the dollar. My bills for February, for example, totalled \$122. They covered forty-two home calls and thirty-seven office visits to thirty-two patients.

How much do you think I was paid?

Just \$35—or less than 30 cents an office visit and under 60 cents per home call.

Politics, where is thy justice?

M.D., Pennsylvania

INTERFERENCE

TO THE EDITORS: While pondering the pros and cons of socialized medicine, perhaps it would be well to call attention to some of the evils that interference with ethical competition has already caused.

The fair basis for building a practice is good work and satisfaction rendered. When a third party enters the picture, medicine is commercialized and degraded.

It is quite possible, for instance, that the framers of the industrial accident laws in California and elsewhere did not foresee all the results of their legislations, and, more specifically, the tendency to give the insurance company and the employer

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Gynecologists recommend MU-COL as a superior, saline-alkaline bacteriostatic and detergent for vaginal mucous surfaces because it controls leucorrhea. Patients like its cooling and soothing properties. . . cheerfully carry out physicians' instructions. A powder, quickly soluble. Chart of clinical tests for leucorrheal control included with samples.

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M.D.



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Cloth and Home-Brewed "Remedies"

Homespun cloth still has its quality appeal but home-brewed remedies are done with. Advanced methods in the art of pharmacy have replaced the rule-of-thumb of the kitchen chemist.

An impressive example of modern exacting compounding is Loraga, in which so fine an emulsification of mineral oil and agar is attained that thorough mixing with the intestinal contents is assured and leakage obviated. A pleasing taste is achieved without artificial flavoring. Absence of sugar, alcohol and alkali in Loraga makes it suitable for all age periods.

Loraga contains no added laxative ingredients. A fine mineral oil emulsion, indeed, in the treatment of the costiveness of children and adults when no active peristaltic stimulation is indicated. You can obtain a trial supply of Loraga by writing for it on your letterhead.

L O R A G A

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A WILLIAM R. WARNER PRODUCT

SUPPLIED IN 16-OUNCE BOTTLES

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the upper hand. But that's an example of what happens when the third party steps in.

In my opinion, there are many evils in some of the insurance plans currently in operation. In the larger centers, "medical companies" employ doctors on a salary basis and solicit business. A doctor may be listed as the "company doctor." Private practice is interfered with because patients of one physician are, when injured, often transferred and introduced to another, thereby boosting the practice of the favored man. Doctors desiring industrial work make use of political "friendships" among employers and foremen, instead of depending upon good work and satisfaction rendered to patients.

Let those physicians who propose to socialize medicine watch out that they do not introduce more evils than they propose to cure.

R. P. Little, M.D.
Santa Paula, Calif.

HOSPITALIZATION

TO THE EDITORS: I think it was easy to anticipate from the very beginning that the inclusion of medical services, whether specialized or not, in hospital care contracts was bound to arouse a controversy which would hamper the development of group hospitalization.

Provisions for specialized medical care do not belong in hospitalization

plans. Our Massachusetts Associated Hospital Service Corporation seems to have finally learned this lesson; new contracts do not include the taking of X-ray pictures or the services of an anesthetist. I feel we have taken a step in the right direction.

Michael A. Tighe, M.D.
Lowell, Mass.

OBSTETRIC

TO THE EDITORS: This report of how several Arkansas physicians re-established their decimated obstetrical practices may be of interest to others facing the same situation.

The few wealthy women who entered city hospitals to be confined by specialists and, at the opposite extreme, the destitute cared for by the counties, constituted a total of small numerical importance when compared to the great number of women of low-wage families who were confined by midwives.

Price had been the deciding factor. The average minimum medical fee was \$25. Midwives charged but \$10. Not many of the laity understood the distinction between the complete modern obstetrical care rendered by the physician (including prenatal and postpartum supervision) and the attention of a midwife during labor. They understood only that they could "save" \$15 by employing a midwife.

The aforementioned G.P.'s deviated from precedent by offering an entire-

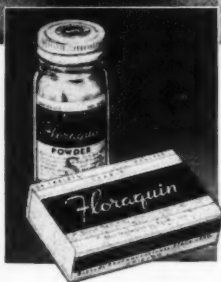
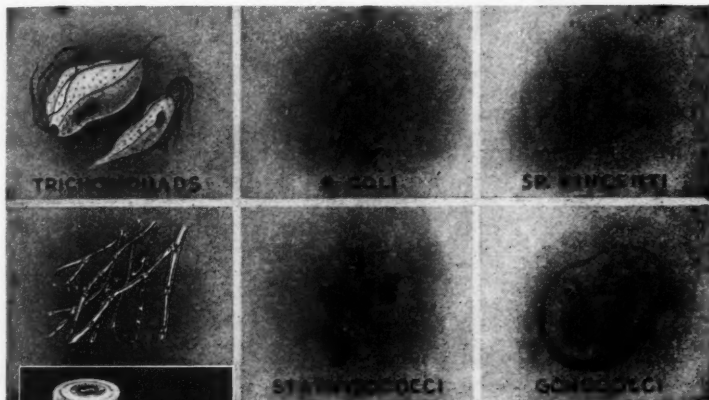
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Fine daily tonic for
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Cleansing, stimulating mouthwash and gargle

VAGINAL LEUKORRHEA

Treat the Condition and Remove
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How Supplied

FLORAQUIN POWDER, bottles of 1 oz. and 8 oz., for insufflation in the office.

FLORAQUIN TABLETS, boxes of 12 and 24 tablets, for routine use at home.



A scientific approach to the problem of vaginal leukorrhea of infective origin is presented in Floraquin—a completely restorative treatment.

FLORAQUIN contains the germicide and protozoacide, Diodoquin (5-7-diiodo-8-hydroxyquinoline) together with specially prepared anhydrous dextrose and lactose, adjusted by acidulation with boric acid to a hydrogen ion concentration which maintains a normal pH of 4.0 to 4.4 when mixed with the vaginal secretions.

This combination not only destroys the pathogenic organisms, but in addition replenishes the depleted mucosal glycogen, adjusts the pH and encourages growth of the normal flora.

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ETHICAL PHARMACEUTICALS SINCE 1888

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ly new service. Leaving their standard OB fees unchanged for complete obstetrical care, they let it be known that they were available to make *one* call and attend a woman in labor for \$10.

The doctors made it clear that they did not recommend this service as a substitute for complete medical care, but only as an improvement upon the attention such patients had formerly received from midwives. Patients able to pay the usual fees were not eligible to receive the special service.

The plan was an almost instant success. Not only did a large demand for the special limited service result, but there was soon a considerable increase in ordinary OB cases. Patients introduced to modern medical care at the hands of trained physicians showed themselves reluctant to return to midwives. Rather, they were determined thereafter to receive complete medical supervision from early in pregnancy, having been educated to its importance.

Allen D. Rebo, M.D.
Scott, Ark.

SCRAPS

TO THE EDITORS: During those dull moments which occur even in a busy doctor's office, I have become interested in a pleasant, worthwhile hobby—namely, making scrapbooks.

My most valuable book is for myself. It contains clippings, typed material, and pamphlets. Not a few pages are covered with clippings from *MEDICAL ECONOMICS*. Among these, your "Letters to a Doctor's Secretary" hold a prominent place. Included also are notes on bookkeeping, filing, collections, laboratory technique, no-

menclature, office routine, anatomy, physiology, and bacteriology.

It's sometimes a problem to keep children from becoming restless while waiting. So another scrapbook consists of cartoons. I find that even grown-ups like this book.

Virginia Churchill
Secretary to H. A. Buchtel, M.D.
Denver, Col.

CURSES

TO THE EDITORS: The A.M.A. condemns any Government plan for medical care. It admits, *sotto voce*, that there is reason for group medicine. But doctors, it adds, should be at the helm.

Then it expels members who try cooperative enterprise!

Your April issue reported a doctor as saying, in support of a New York bill to revoke licenses for "unprofessional conduct":

"It would curb co-op medicine—and it should!"

But should it? Organized medicine must wake up. It must start low-cost cooperative medicine under its own leadership. Or it is going to find itself under the Government, where I would not wish it to be.

It's useless to say, as did the fatuous gentlemen at the 1939 A.M.A. convention, that a mere 40,000 Americans need more medical care. A great many people want better, cheaper medical care. Either the A.M.A. or the Government must provide it. If the A.M.A. can stop cursing long enough, it may be able to do it first.

(Mrs.) Eleanor Blakely
(A doctor's daughter)
Des Moines, Iowa

CALMITOL

LIQUID AND OINTMENT

Prompt and Dependable
Control of Itching

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B₂
with
Glycerophosphates

B₁ **B₆** **PP** **B₃**

ELIXIR B-G-PHOS

B₁ **B₂** **B₆** **PP** **B₃**

a palatable
stimulating tonic
of natural
Vitamin B-complex
with glycerophosphates

B₃
with
Glycerophosphates



ELIXIR B-G-PHOS is indicated in the anorexia and sluggish digestion so frequently encountered during the winter months, and so often due to Vitamin B deficiency . . . for Elixir B-G-Phos supplies the *whole* Vitamin B-complex from *natural* sources together with *glycerophosphates*. It stimulates the appetite, improves digestive functions and aids in correcting B-complex avitaminosis.

Palatability of Elixir B-G-Phos, permits administration over long periods, to insure adequate intake of Vitamin B-complex. For optimum utilization of these factors, proper mineral intake is important, especially manganese. This mineral and others are in Elixir B-G-Phos.

Each fluidounce of Elixir B-G-Phos contains:

Vitamin B ₁ (natural)	200 International Units
Vitamin B ₂ (G)	40 gammas Riboflavin
Vitamin B ₆	400 gammas
with the Filtrate Factor, Nicotinic Acid and other natural factors of Vitamin B-complex	
Calcium Glycerophosphate	2 gr.
Sodium Glycerophosphate	4 gr.
Iron Glycerophosphate	$\frac{3}{8}$ gr.
Manganese Glycerophosphate	$\frac{1}{8}$ gr.
Alcohol	17%

Sig.: One tablespoonful t.i.d.—a. c.
Supplied in pints and gallons



"For the Conservation of Life"

SHARP & DOHME

Pharmaceuticals—Mulford Biologicals
PHILADELPHIA

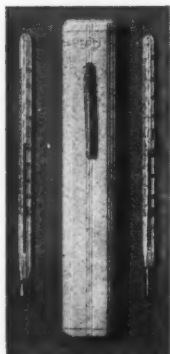
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Made for the Profession

CHRISTMAS GIFT ITEMS

Offered by BECTON, DICKINSON & CO., Rutherford, N. J.

(On request, Gift Folder showing 48 similar items)



B-D THERMOMETERS in the NEW "TWIN-PAK" CASES

The "Twin-Pak" has a swivel top that permits only one thermometer to be taken out at a time. It is flat, takes up little room, and stays in the pocket (unlike the fountain pen type, which must be taken out of the pocket in order to remove the screw cap).

No. X765—\$2.60

Ivory-colored "Twin-Pak" with oral one-minute and rectal B-D Red Flash Thermometers—(the mercury appears RED).

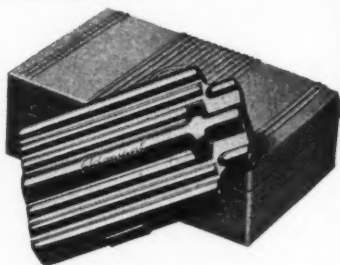
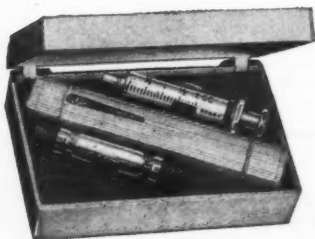
No. X762—\$2.10

Ivory-colored "Twin-Pak" with oral one-minute and rectal B-D Medical Center Thermometers.

"ADMIRAL" CASE

No. X3—\$4.25

Consists of a chromium-plated and hinged Admiral Pocket Hypodermic Case filled with a 2 cc. B-D Yale Syringe; two B-D Yale Rustless Steel Needles, 26G $\frac{1}{2}$ "; six hypo tablet vials and needle wires in holder. Packed in a handsome, ivory-colored plastic box with hinged top, useful for many purposes.



COMBINATION OUTFIT

No. X4—\$4.40

Consists of an ivory-colored "Twin-Pak" case with one each B-D Medical Center oral one-minute and rectal Thermometers; a Needle "Steritube" filled with two B-D Yale Rustless Steel Needles, 26G $\frac{1}{2}$ "; and a 2 cc. B-D Yale Syringe—all neatly fastened on a card and packed in a decorative, ivory-colored, plastic box with hinged top.

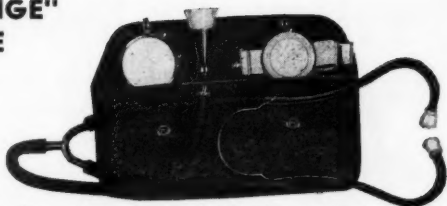
Goods listed on these two pages, obtainable through your dealer **ONLY**

B-D "TRIPLE CHANGE" STETHOSCOPE

No. 5200—\$4.75

A single binaural unit with three instantly interchangeable types of chest piece.

Comes with one Ford bell type chest piece, one metal (diaphragm type) and one Bakelite with bracelet for blood pressure reading. All in neat suede cloth pouch. Specify whether black, or ivory-color as shown.



POCKET HYPO CASE

No. X2510—\$3.75

Black, Morocco-grain cowhide, with slide fastener. Rubber lined. Equipped with a 2 cc. B-D Yale Luer-Lok Syringe; a special tip cap; a "Steritube" of glass containing two B-D Yale Rustless Steel Needles, 26G $\frac{1}{2}$ "; and four hypo tablet vials.



UTILITY CASES

No. X2526—\$4.75

Moose-grain cowhide. Rubberized lining. Size 10 $\frac{3}{4}$ " long, 4 $\frac{7}{8}$ " high and 3 $\frac{5}{8}$ " wide.

No. X2525—\$3.75. As above, medium size, 8 $\frac{3}{4}$ " by 4 $\frac{3}{4}$ " by 3 $\frac{1}{4}$ ".

No. X2524—\$2.75. As above, small size, 7" by 3 $\frac{3}{4}$ " by 2 $\frac{3}{4}$ ".



BECTION, DICKINSON & CO., RUTHERFORD, N. J.

Dear Sirs: My dealer's name and address are as follows:

Name..... Address.....

Please send me the following gifts and bill them through my dealer.

Send me your CHRISTMAS FOLDER showing 48 similar items. ☐

My name and address

The Lame, the Languid, the Lazy



Individuals who do not get about much, especially excessive eaters, are often troubled with cumulative effects of constipation. Salines are of benefit, taken at regular intervals, to eliminate the redundant feces which may gradually accumulate.

Sal Hepatica

a scientific saline pharmaceutical acts to provide *liquid bulk* which gently sets intestinal muscles to work to flush the colon of accumulated waste. Its mineral salts combat gastric hyperacidity. Digestion is aided by an increase of bile from liver and gall bladder.

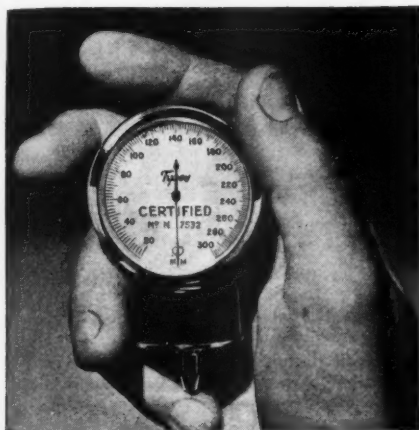
Sal Hepatica approaches the action of famous natural spring waters. Its sparkling effervescence lends superior palatability . . . Samples and literature upon request.



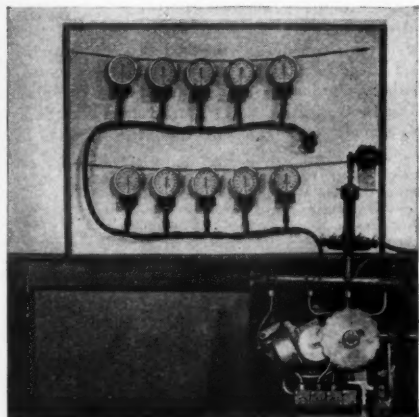
Sal Hepatica *Flushes the Intestinal Tract and Aids Nature Toward Re-establishing a Normal Alkaline Reserve.*

BRISTOL-MYERS CO., 19-11 WEST 50th ST., NEW YORK, N.Y.

This certified *Tycos* lived 200 YEARS — last summer!



Above: After 1,069,200 inflations this Tycos Aneroid (Model N) remained accurate within the Bureau of Standards tolerance. With 9 other instruments it was set in place (below) for the grueling test.



A test to prove the enduring accuracy of this aneroid instrument

THE portable Tycos Aneroid shown here is one of ten that endured 1,069,200 inflations. And it's still accurate! Spread out that many inflations over a period of time, and you have 14 a day for over 200 years.

These 10 Certified Tycos Aneroids (Model N) came out of current stocks. They were each mechanically inflated from 0 to more than 260 mm. They were not readjusted in any manner during or after the test.

THE RESULTS: Eight instruments still remained accurate within the tolerance established by the Bureau of Standards. The other two exceeded the tolerance by $\frac{1}{2}$ mm. at the 300 mm. point only!

So, add to its compactness in size, convenience in use, accuracy in any position this new assurance of its enduring accuracy.

See the Tycos Aneroid at your Surgical Supply dealer's. Read the 10-Year Triple Guarantee with every instrument. Own a Tycos—\$25.00 complete. Taylor Instrument Companies, Rochester, N.Y.

CERTIFIED
Tycos
INSTRUMENTS

with 10-year guarantees



COME QUICK, DOCTOR— YOUR DAUGHTER'S WORSE!

IT was 44 years ago that Dr. William More Decker rushed home to answer an emergency call from his own family. His baby daughter, ill with a serious gastro-intestinal disorder, was much worse. The doctor was deeply disturbed. He was convinced that this ailment, like similar cases he had observed, had been caused by dirty nursing equipment. But if nursing bottles couldn't be kept clean in his own family, what could he expect from other patients? Suddenly he had a thought. Why did bottles have to be made so very hard to wash? Why not a wide-mouth bottle easily kept clean and safe? Thus was invented and patented the Hygeia Nursing Bottle and with it the Hygeia natural breast-shaped Nipple.

During all the 18 years that Dr. Decker practised he insisted upon proper medical care before and after childbirth. Through his influence every Hygeia advertisement today—millions each month—in nearly every nationally-known magazine—tells women to *ask a doctor's advice*. And in return thousands of doctors recommend Hygeia equipment at every opportunity. Hygeia Nursing Bottle Co., Inc., 197 Van Rensselaer St., Buffalo, N. Y.



Special offer to hospitals. Hospitals may now buy Hygeia Bottles and Nipples at approximately the same cost as ordinary equipment.

HYGEIA
the Safe
NURSING BOTTLE AND NIPPLE

SIDE LIGHTS

DEC. 1939

How the picture looks depends on where you sit. Consider, for instance, the point of view of New York's Welfare Commissioner, Edward Corsi.

Mr. Corsi notes that relief clients generally receive better medical care than self-supporting families in the bottom-income brackets. From where the commissioner sits this looks like a good argument for state medicine. And he says so.

Now if the commissioner will only sit a little closer to the picture, any physician can show him what it really means.

Lesson one: Where do impoverished non-relief patients get medical care? From institutions and public clinics. Right.

Lesson two: Where do New York's relief clients secure medical care? From their own personally selected family physicians.

Lesson three: Which system most closely approximates private practice? That enjoyed by relief clients.

Lesson four: Which system approximates state medicine? That put up with by self-supporting persons of low income.

Lesson five: Does this suggest that better medical care results from private practice? It certainly does. Go to the head of the class.



It's hard to object to subsidies which would increase public facilities for the care of venereal disease. But, as we think through the implications, a still, small voice says "not so fast!"

It costs Governmental units a mint of money today to provide this care. It ought to be good. But often it isn't.

Obstacles to success in the present

anti-syphilis campaign are several: One is the patient's lack of confidence in Federal clinic doctors. Another is the distance between clinics and the rigidity of their time schedules. A third is the reluctance of patients to be seen marching in and out of VD departments.

Here, then, is an idea:

Why not take all this Government money and use it to pay private practitioners for the same work?

Then, the three obstacles curl up and fade away: The patient chooses the doctor he wants. He doesn't mind being seen in a G.P.'s waiting room. And he can arrange convenient hours with his own physician.

Who said the medical profession isn't willing to offer constructive suggestions?



Some of our more enthusiastic colleagues are already celebrating the refusal of the Supreme Court to review the District Court's dismissal of the anti-trust indictment of organized medicine. A few are even



hailing it jubilantly as a great victory for the profession.

While we hate to throw cold water,

we still recommend that the fatted calf be returned to the stable—at least temporarily. The decision, our legal friends tell us, is merely in line with an old Supreme Court prerogative of not passing upon litigation unless the usual appeal procedure has been followed. Furthermore, it is no indication of what the Nine Old Men may pull out of their beards when and if the case reaches them through conventional channels.



Hollywood is shooting Paul de Kruif's "Fight for Life." The Federal Government has obligingly loaned its ace movie propagandist, Pare Lorentz, to help production. The script, it is reported, will bring a new problem—maternal mortality—to audiences who have been content up to now with the eternal triangle. It will also suggest a "remedy" that is being billed as both stupendous and colossal.

As to what the latter may be, you have three guesses—all ending in state medicine. Nor do you have to be Walter Winchell to predict that our movie-going patients will again be enthralled by a super-spectacle in which the hero is a curly-haired



advocate of state medicine and the villain a thinly-disguised caricature of yourself.

It is not surprising that the Government should go Hollywood. The public undoubtedly believes a large part of what it sees on the screen.

In the event that "The Fight for Life" heralds a new type of motion picture feature, we may soon wish we could, in self-defense, take our medical economic problems to the local movie house for settlement.



Private physicians who have viewed with alarm the erosion of their practices by a rising tide of lodge membership, will be cheered by the ruling of Minnesota's Attorney-General Burnquist.

This ruling holds, in effect, that if a fraternal order designates and controls the physician, it is practicing medicine. And that—in Minnesota and other States—is illegal.

A corporation may, of course, indemnify a subscriber for medical bills, provided he selects his own physician and the physician controls his own treatment. But the attorney-general flashed a red light at the effort of the lodge to hire an M.D. and then vend his services. In fact, in the Gopher State, at least, the physician who executes this kind of contract is helping the corporation and thus breaching the law himself.

While the decision puts no brakes on the order's right to furnish sick benefits, it does stymie one more effort to rob the patient of free choice.



Obviously, our job is to ease the patient's mind as well as his body. Cheering him up is half the battle.

To amuse waiting patients and to take their minds off their troubles, a few physicians have installed radios in their reception rooms.

From the patient's viewpoint a radio can be relaxing. But—and here's the rub—it's relaxing only to the person who picks the program. Twenty or thirty minutes of instruction on how to bake chocolate cup cakes with marshmallow icing can

pique others in the room to the point of frenzy.

A MEDICAL ECONOMICS reporter in the course of his rounds asked fifty practitioners what they thought of the idea of having a radio in the reception room. All but seven unequivocally turned thumbs down.

Even those with a reception-room radio were inclined to admit its drawbacks.

"If it's tuned loud enough, I can hear it in the consultation room, which is a nuisance," one man reported. "It means I must interrupt my work to go and turn it down."

Rejectors of the idea concurred in the belief that a radio detracts from professional atmosphere and adds a dash of the carnival spirit in a place where it doesn't belong.

"A doctor's office should, above all things, be quiet," the average practitioner declared. "There are plenty of other places to listen to radios. Most patients don't have to wait so long or so often that they can't pass the time thumbing through the pages of a magazine."



A physician we were chatting with the other day told us of a scheme he had worked out for bunching patients at office visits.

This man has a good many clients who consult him regularly. To facilitate attending them, he borrows from the principle of mass production. All maternity patients are asked to come in on Monday night; all syphilitic patients on Tuesday night; all mothers with children on Wednesday afternoon; all ear, nose, and throat clients on Thursday night; etc.

Seldom, he claims, is anyone ever embarrassed in his waiting room. Children annoy only their own or other long-suffering mothers. Nobody catches anything he didn't have when he came. Everybody finds a common bond for conversation.

In this Utopian set-up the doctor has his instruments all ready to treat one type of case and can handle them with alacrity. Result: Everybody satisfied.



Every once in a while a new statistician sharpens a gross of pencils and conjures a "project" to prove the in-



adequacy of medical care in the U.S. Out comes a statement that umpty-ump per cent of the people do without medical care because they can't afford it.

When physicians retort that some people won't even avail themselves of free care when it's offered, the critics let out a hoot and charge doctors with callous indifference. Which leaves the M.D. behind the well-known eight-ball; because he usually can't *prove* that anyone is careless about seeking medical attention; and without proof the answer does sound lame.

A sick person refuse free medical care? Nonsense!

But it isn't nonsense. For at Stanford University, a survey of the diabetic and endocrine clinics (where medical service is free) demonstrated that a total of 45 per cent of the patients failed to keep one or more of their clinic appointments. What's more, fourteen per cent of all appointments were never kept at all!

The incident serves to underline the curious fact that the *need* for medical care is by no means synonymous with the *demand* for it.



After the

Galloway

er the crash . . . can you collect?

General clean-up man for the highway's physical wrecks, the doctor too often goes begging for fair recompense. This article, first of a series, is designed to facilitate his efforts in collecting from accident cases.

An excited little parade marches into your office. "Automobile accident, Doctor. We need your help right away."

Attracted by your shingle, or referred to you by police or bystanders, driver and victim plead for first aid. Of course, you pitch in without hesitation.

But who'll foot the bill?

The driver says he'll pay when you send him your statement. The pedestrian has no money—or says it's the driver's responsibility.

Then suppose you're engaged to carry on subsequent treatment. You're likely to find yourself knee-deep in a quagmire of negotiation, settlement and denial of liability, recrimination, and what not.

As a physician, of course, you'll recognize certain cases as worthy of charity. In such instances, you may assume the burden yourself, or see that a charity organization arranges for post-emergency care.

In most other cases, however, you've every right to expect pay-

ment. The question is: How to get it?

Here are a few practical pointers:

First, size up the immediate situation. You may find that the person responsible for the accident is anxious to do all he can to "set things straight." If so, he may be willing to pay the bill in cash, then and there—particularly if you remind him that standard insurance policies indemnify the assured for money expended for emergency treatment, regardless of whether he is ultimately proved liable. Thus, if he's insured and pays you in cash, he will be certain of reimbursement and has nothing to lose. Even if he's not insured, you shouldn't hesitate to ask for a cash payment under the circumstances.

Failing this, secure the name, address, and place of employment of both persons involved. If either is a woman, be sure to find out the name and place of employment of

her husband, too. Ask the driver to show you his registration card or license. Record the information it bears.

As an added precaution, glance out the window and copy the number from the automobile license tag. Check this with the policeman, or look it up in the police docket. Then, if your bill is returned with "Not known at this address" stamped on the envelope, you can send the license tag number to the motor vehicle department at the State capital and ask for the identifying data.

These details are all vital. If one of them—address, husband's name, place of employment—is missing, you may find all subsequent efforts to collect your bill completely stymied.

Now about the patient. Once he's out of danger, you may ask him how he wishes to pay for the treatment. Stress the cash-payment possibility tactfully but strongly. Sometimes, of course, he will want to express his gratitude to you by paying at once.

As a second best, ask the patient to sign a promise to pay. This is a perfectly valid legal instrument.

Third best—if this appears impractical—is a signed promise-to-pay memorandum from the *driver*. Besides its obvious psychological effect, this may have considerable value in court. There, in subsequent litigation, it will be admitted in evidence for what the jury thinks it's worth. Most juries will take it at its face value.

Of course, if the emergency is serious, you may not be able to secure either of these signatures during the first treatment. But certainly an agreement should be

sought at the first opportunity thereafter. This isn't as hard as it sounds, particularly if the physician is entrusted with continuing treatment of the case.

Regardless of whether an agreement has been reached, be sure to bill the patient at once.

This for two reasons. First, it etches into the patient's mind the idea that the doctor expects payment. Second, it places the bill at the patient's hand when the insurance representative comes around to talk settlement. It is then less likely to be "overlooked" should the adjuster call the day after the accident, settle the case, and send a remittance within a few days. If the doctor's bill shows up three weeks later, the patient may have completely dissipated the insurance money.

Last but not least of first considerations is your medical record of the case. It should be compiled with scrupulous care.

How many stitches were inserted? What suture material was used? What antiseptics and dressings were applied?

Be sure to put these and similar facts down in black and white. They're important not only in any subsequent litigation on the accident itself, but also in the legal determination of the reasonableness of your fee.

—GORDON DAVIDSON, LL.B.

Dr. Gatewood, who died recently in Chicago, never had a first name.

Dr. Elias J. Marsh, who has been chosen to head the Medical Society of New Jersey in 1943, will be the third physician of that name to be so honored. The others were his father, president in 1891; and his grandfather, president in 1850.

Harris & Ewing



Washington's medical guides

"Can you chop wood, sew, cut hair, bake a cherry pie, farm, mend shoes, wash or iron clothes, or make a broom? If not, what's your specialty?"

Thus are questioned the underprivileged who apply at Washington's Self-Help Exchange, Inc. (honorary president, Secretary of the Treasury Morgenthau).

For their labors at any of the exchange's three branches in the Nation's capital, or at its 150-acre truck farm in nearby Kensington, Md., the needy receive scrip. With their scrip they return to the exchange's store to purchase handiwork or services, meals at the exchange cafeteria, clothes or household furnishings donated by Washington matrons.

Personalizing the medical care of the indigent is no easy job. Yet Dr. Thomas Mattingly (see cut) of the District of Columbia believes it can be done. Here's how he and his co-workers are beginning to coordinate the trek of the underprivileged through the capital's clinics.

Theoretically the organization is self-sustaining. Actually, administrative expenses are met in part by Federal loans, in part by pri-
[Continued on page 76]

A ONE-MAN OFFICE for

JOHN C. DODD, ARCHITECT

What earmarks has the ideal one-man medical building?

To find out, reporters for this magazine, in the course of their rounds, have queried literally scores of physicians. The answers show remarkable uniformity:

- (1) A convenient floor plan;
- (2) attractive design; (3) low cost.

But where can specifications for such a building be found?

Lacking plans for the exact structure desired, the editors decided this Fall to pool their ideas with the ideas of an architect versed in this particular type of building. They did so. What follows is the result of in-



for \$3,700 . . .

numerable conferences and the preparation and discarding of plan after plan which included some fault or drawback which it was deemed advisable to eliminate.

The finished product, presented here, is at least an approach to the ideal. If you find anything about it you don't like, we urge you to write us about it.

We intend to use this office as an experimental working model and will publish all worthwhile suggestions for its improvement. Here's your chance to join 128,000 other potential critics in developing a small medical building which may serve as a goal for all!

From the outside: a shingled, one-story Colonial building with a bay window, picket fence, and low chimney of white-washed brick forecasting cheerful log fires on chilly days. Inside: a compact, eight-room office for the diagnosis and treatment of patients. And the cost: only \$3,700!

Since convenience was one of the three major keynotes in the planning of this building, it is apparent everywhere in the finished layout (see page 28).

The secretary, for example, is located strategically in the center room, or business office. From that

focal point—next to both consultation rooms—she can direct the easy flow of patients throughout the office. Yet she, too, has privacy, and can talk over the telephone, typewrite, and conduct the physician's business affairs without being overheard in adjacent rooms.

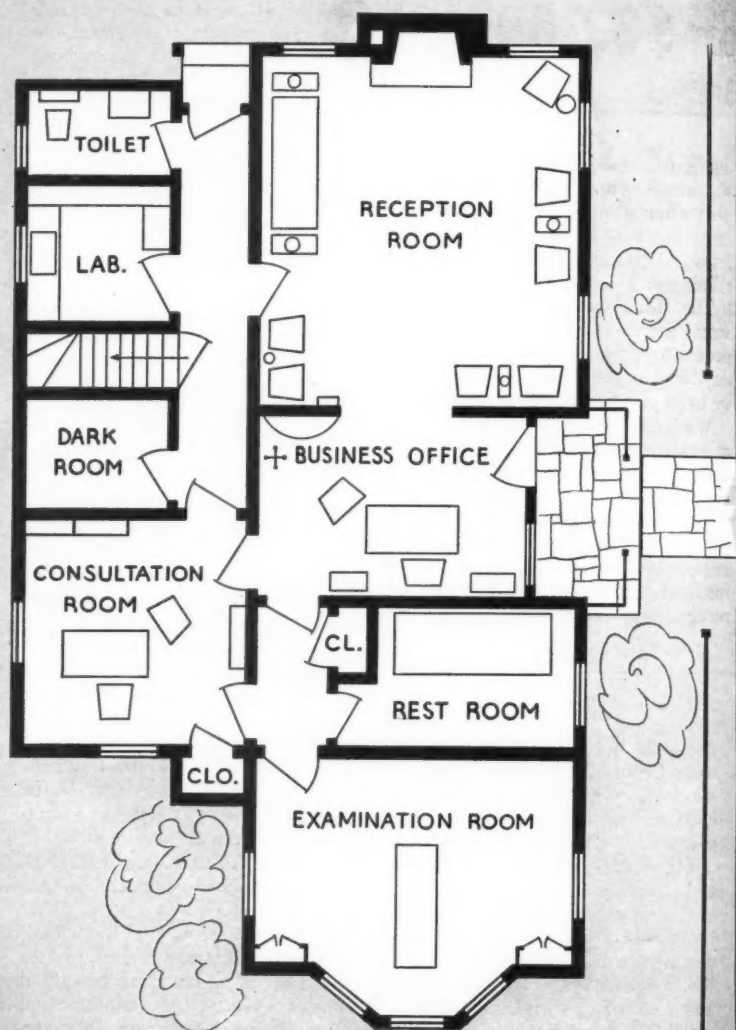
The patient, upon entering the office, is received by the secretary. He hangs up his hat and coat on the rack in the hall and is then ushered into the reception room.

This bright room is paneled in white pine up to the sills of its four windows. A wood-burning fireplace with Colonial mantel serves as the focus of attention. Seating capacity is at least ten.

A notable feature of the reception room—and of the examination room as well—is its 12-foot ceiling. This extends four feet up into the roof space and gives the room a spaciousness which is as pleasing as it is unexpected. Ceilings elsewhere in the office are the conventional eight-foot height.

When the physician is ready to see the patient, the secretary escorts him through the rear doorway of the reception room, across the rear hall, and into the consultation room. Later, the doctor may lead the way to the examination room and, subsequently, in some cases, to the rest room. Both are located conveniently in sequence.

The bay window and the two additional windows are designed to admit an abundance of light and sunshine into the examination room. This not only eases the practitioner's work but tends to cheer and encourage the apprehensive patient. Added attractions are the two good-looking, built-in instru-

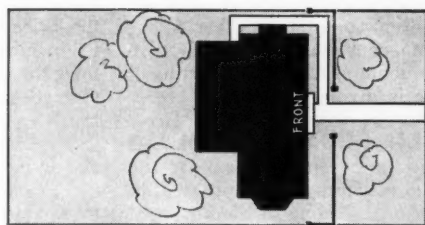


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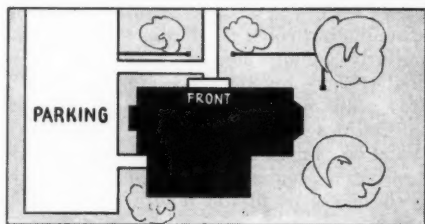
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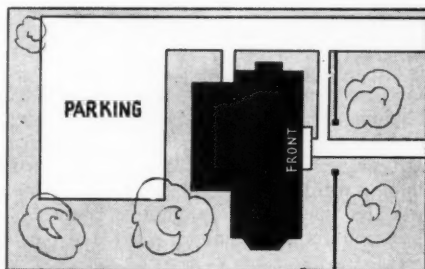
50' x 100'
Inside lot



50' x 100'
Corner lot



60' x 100'
Inside lot



ment cabinets by which the bay window is flanked.

The departing patient leaves the office via the front door. By virtue of the layout of the building he is spared the embarrassment he might otherwise experience if he had to pass through the reception room once more and be subjected to the scrutiny of waiting patients. He must, however, pass the secretary. She checks him out and makes any necessary collection arrangements.

For the convenience of the doc-

tor and his secretary, the office has a private entrance at the side. This is not only business-like, but also a boon if an emergency should happen to call the physician from the office during hours. The side entrance can also be used by any patient who, for some reason, requires additional privacy.

Throughout the entire building, in fact, the patient's privacy is always assured. Note the examination room, for instance. Its location at one end of the office auto-

matically soundproofs it from the reception room at the other end.

The consultation room is likewise soundproofed. Its right-hand door is divorced from the reception room door by ten feet of corridor. Its left-hand door, separated from the reception room by the business office, is soundproofed, in addition by being of double-panel construction with a thick layer of cork between. For extra protection, the examination room's hall door is similarly soundproofed.

Floors throughout the office are covered with medium-weight linoleum. Ceilings and walls are plaster. Paint coats the walls of all the rooms, pastel shades being used everywhere except in the laboratory and dark room.

Woodwork is white pine, wax-stained or painted to harmonize or contrast with the walls. Interior hardware is hammered iron in a Colonial pattern. All rooms, with the obvious exception of the dark room, have outside windows, Colonial type, double-hung.

About a third of the total area beneath the office is excavated. In the basement is a forced-air, oil-

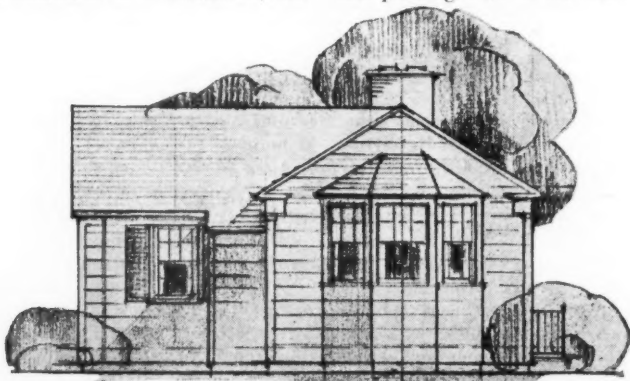
burning, heating unit (included in the price quoted). Each room has its own registers—one a heat intake, the other an exhaust—to provide adequate ventilation and heating.

The lavatory, like everything else in the office, is located with an eye to convenience. It's accessible to the doctor and to patients in his workrooms and reception room.

Cost of the office, which includes everything but lot and landscaping, is arrived at by multiplying its 13,233 cubic feet by 28 cents.

The latter figure is a fairly typical construction price per cubic foot. It does vary, however, in different localities. Any local architect will tell you the cost per cubic foot in your own neighborhood.

The office can easily be put on an inside lot 50 feet wide and 100 feet deep. On a corner lot of the same size the building is best placed lengthways on the lot, thus providing ample room for a parking space to one side. On an inside lot 60 feet wide instead of 50, the additional ten feet furnishes room for a driveway at the side and parking area in the rear.



Medicine joins the Big Parade

European practice is revolutionized by war while the American profession emphasizes preparedness

Although military experts contend that the "real fighting" is yet to begin, the first few months of the European war have already exacted a heavy toll from the medical professions of all nations involved.

In England, the warring nation whose conditions most nearly approximate our own, the transition to wartime practice has involved what amounts to a medical revolution.

The mobilization of the British profession was described in last month's MEDICAL ECONOMICS. Even more amazing, however, are the changes that have followed in its wake. In a few short weeks, the English doctor has seen his profession transformed into a huge war machine.

Under the complicated first-aid regulations, London has become almost unrecognizable—even to a practitioner in the habit of making innumerable house calls. Walking these same streets today, he sees the famous Piccadilly buses equipped for conversion into ambulances at the wail of an air-raid siren. Passing Bartholomew's and Guy's Hospitals, he observes medical students stacking sandbags. And beneath the Hospital for Sick Children, England's first underground

operating room is being rushed to completion. Perhaps, he thinks to himself, he'll be one of the first to use its bomb-proof staff room.

Strange new problems are being urged upon him by the Government. He's been told that supplies of tetanus and gas-gangrene antitoxin are being stored throughout the nation, ready for his use. He's been asked to take a hand in the prevention of road accidents, which have doubled since the institution of "blackouts."

If he's a medical officer, as is probable, he is warned not to prescribe sulfonamide and sulfanilamide derivatives to Royal Air Force members who are on duty, since they lower an aviator's "ceiling." If he's a specialist, he is told that his place is being picked out for him at one of the new specialist centers the government is building.

If he has been assigned to protect the citizenry, he must pay attention to the advice of Lord Dawson, former president of the Royal College of Physicians. Part of every hospital, says Dawson, must be reserved as a clearing-house for casualties, and periods of hospitalization must be shortened.

How is the average British prac-

itioner, torn out of a life of peaceful pursuits, affected by all this?

MEDICAL ECONOMICS' London correspondent, recently put that question to a British Medical Association official. The reply is not encouraging to those who see professional opportunity for the doctor in wartime activity.

"The average general practitioner is badly hit," this official admitted, "because of the evacuation of private patients as well as the general emergency. The English public has too much on its mind to think of illness these days. They don't bother to call a doctor for minor ailments, as in normal times."

Since most of the insured population are still on their jobs, the only thing left for the private physician is panel practice. Though he might scorn this in peace, he is grateful for it in war.

Of course, things might be worse—if he were in France, for instance. There, he is not being asked to volunteer for military duty. He is being conscripted. Some 22,000 French physicians have already fallen victim to the draft drag-net. Over 70 per cent of them have been put to work on the national defense program; while another 5 per cent, although classified as civilians, are told that they must obey Army orders. The 6,000 doctors as yet undisturbed are for the most part considered unfit for service because of illness or old age.

Some French towns and rural areas have been left without any provision for medical care. Practice in Paris has dropped off to an estimated one-third of normal. Under Professor Tanon, of the Paris Faculty of Medicine, elaborate offices equipped with the latest in

gas-proof doors are being provided in underground storerooms and quarries for the doctors who remain in the capital.

French medical education has almost disappeared. Students continue to seek instruction, so far as conscription laws permit. But where are they to find it? About three quarters of the medical-school teachers are said to be with the military. Fear of aerial bombardment has caused what is left of the Paris Faculty of Medicine to move to Nantes.

Partially trained students have been dragged into the service, with a promise that they will be allowed to complete their education at the front. While the Government declares they will have to pass the usual examinations to practice, professional men are certain that, in the name of patriotic duty, standards will be winked at. The very tools of study—medical libraries, instruments, and scientific collections—are scattered or buried in cellars to protect them from the ravages of war.

Opportunities for hospital training are likewise non-existent. Many institutions have abandoned their teaching programs, and all are being held ready for air-raid "dumping."

On the other side of the Siegfried Line, the doctor's plight is being given little publicity. But it is thought to be just as acute as in England and France—if not more so. The German physician is used to regimentation, even in peacetime. But the medical decrees emanating from Nazi party bureaus these days attain a new high in this respect. One recent communiqué reserves all hospitals for the

Army. Physicians are commanded to confine all normal delivery cases to patients' homes; to "discourage" requests of civilians for hospitalization. The doctor can do nothing but obey.

Censorship precludes any accurate presentation of what the European physician thinks about the maelstrom into which he has been plunged. But occasionally a glimpse of his unhappy fate slips by the blue pencils. One such case was the correspondence recently received by Dr. Chevalier Jackson Jr., of Philadelphia, from physicians he met while lecturing in Paris last Summer.

The typical French attitude of

Dr. A. Aubin may induce a smile. He wrote Dr. Jackson thus: "The words of your Mr. Roosevelt went straight to our hearts . . . Hitler is a lunatic."

But there is nothing humorous in a communication from Dr. Scott Stevenson, of Edinburgh, who said: "I am a surgeon at an emergency hospital in London. All my colleagues are scattered far and wide. Whether practice will ever be as it was remains to be seen."

Nor in a pathetic note from Dr. Gilroy Glass, with whom Dr. Jackson rambled not long ago in Scotland, but who is now with an anti-aircraft regiment. He wrote: "My
[Continued on page 80]

Eye strain eased by glare-less lamp

Eyes weary after a session at your desk?

If so, your desk lamp may be the mischief-maker, casting a harsh glare over your books, papers, and desktop. But you don't have to grin and bear it any longer.

Applying the principle of polarized light, Walter Dorwin Teague (creator of Mr. Ford's exhibit at the N.Y. World's Fair) has designed a desk lamp which is said to reduce glare and eye strain to a minimum.

Ordinarily, light vibrations shoot to the working surface and are reflected back to the reader's eyes. In this lamp, they are trapped at the source by a concealed "window"



which contains billions of invisible crystals.

The evenly diffused glow which results is equivalent to the average 100-watt bulb's output. Yet visibility is increased as much as three times. Shade and base are of plastic; the stem of aluminum. Design is purely functional.

Polaroid

★ PRIVATE LIVES

MOUSETRAPPER

Reputedly the world's foremost hospital consultant, Dr. S. S. Goldwater is also the fulfillment of Emerson's axiom about mouse-traps. For after trying half a dozen careers and traveling half way around the earth in a vain quest for success, he built a better hospital. And ever since, the world has beaten a path to his door.

The Goldwater wand has been waved with magic effect over hospitals from Canada to China, England to Japan, and France to the Philippines. In all, he has been consultant to over 200 institutions—a record which the American



Acme

Hospital Association says has never been equaled. Yet until his mid-twenties, oddly enough, he was untouched by medical influences.

Brought up on the New York waterfront, where his father sold supplies for clipper ships, he conceived a fondness for the sea that led him to spend his school vacations on coastwise sailing vessels. Back in his home port later, he became by turn an insurance man and a reporter for a cloak-and-suit trade journal.

After obtaining some business experience, he reversed the usual procedure by deciding to get an

education. For a while he attended Gunton Institute; then he studied law; after that he entered Columbia College; and from there he jumped over to the University of Leipzig to acquaint himself with political science.

Still he was restless. While strolling in the Carpathian Mountains one day, he came to the gloomy conclusion that he was really interested in nothing he had learned; that he must start all over again by becoming a doctor.

Returning to the United States, he financed his way through New York University's medical college with more journalism. Then in 1901 he secured an internship at Manhattan's Mt. Sinai Hospital. His future at last seemed marked out for him.

But the fates were again snickering up their sleeves. He was never to practice medicine.

It happened that Mt. Sinai at that time was planning to move. Looking over the architect's draw-

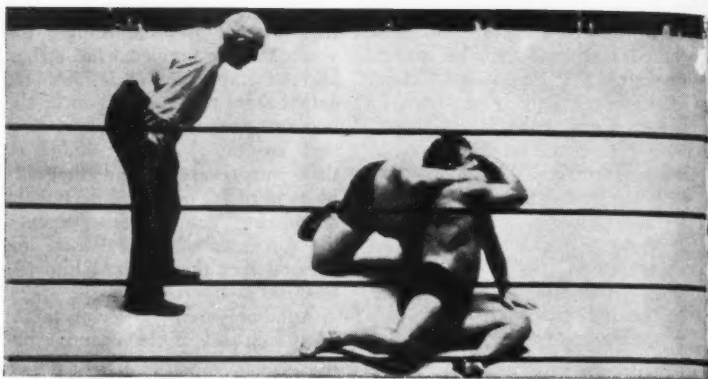
ings of the new buildings, the young doctor noticed what struck him as important omissions. He called them to the attention of the hospital authorities. At first startled by their intern's boldness, then surprised to find that his ideas were not only architecturally sound but actual improvements, the directors were finally so impressed that they offered him the hospital's superintendency.

Another young physician might have snapped at the chance—but not Dr. Goldwater. With characteristic independence, he countered by suggesting to Mt. Sinai heads that he first travel in Europe for five months to study foreign hospital methods. Then *they* accepted.

Thereafter his climb was dizzying. He had been running Mt. Sinai only a few years when the New York Academy of Medicine tendered him its vice-presidency. When he objected that it was unusual for a hospital administrator to hold such an office, a committeeman over-

International News





Keystone View

rode him, saying, "What we like about you is that you have no commercial instinct." A week later, Murry Guggenheim, the philanthropist and a Mt. Sinai trustee, confided that he was about to take over a large industry and that he, Goldwater, might head it. "But," protested the youthful hospital chief, "I know nothing about business." "Ah," replied Guggenheim, "but you have a remarkable commercial instinct."

Despite the temptations of a salary that was a miser's dream, Goldwater refused to leave the hospital for industry. It proved a wise decision. Two more years, and at 35, he was president of the American Hospital Association. In one year, under his guidance, it doubled its membership. Meanwhile, his work at Mt. Sinai was bringing so many hospital architects to him for advice that he opened an office on Fifth Avenue to take care of them.

The doctor had found his mousetrap.

Before long, his reception room

[Continued on page 68]

WRESTLER

"Lad-i-e-s and gen-t-l-emen...Quiet, i-f you please! In this corner we have Jim Londos, greatest wrestler of the age. (Loud cheers.) Pitted against the champ in the principal bout of the evening is the Flying Surgeon, Ralph Wilson by name, terror of the hospitals." (Equally loud cheers, the loudest swelling from the enthusiastic throats of Wilson's fellow-students at the University of Pennsylvania Medical School.)

Result: After forty minutes of flying tackles, strangle holds, and leg splits, Londos—as usual—won. But Wilson walked home with \$800 in his pocket—more than enough to pay his annual tuition at graduate school.

Wilson literally "wrasseled" his way into medicine.

As a kid, he grappled daily with the local small fry of Evansville, Indiana. Grown, he continued to

study the wrestler's art. His father and grandfather, both physicians, tried to quell his growing proficiency. But without avail.

First rewards for his persistence came while he was in college. Wilson, never defeated in a collegiate match, was captain of the Indiana University wrestling team, champion wrestler of the "Big Ten" universities in the Middle Western conference, and holder of the National A.A.U. title in the 175-pound class.

During his senior year in the Indiana University Medical School,

he got an offer from a promoter to appear in a professional bout. It had been a hard pull to make ends meet. So he accepted. Before long, he began to appear in rings in Muncie, Fort Wayne, Indianapolis, Columbus, Dayton, and many waystations.

After finishing his internship at Methodist Hospital in Indianapolis, the Fighting Surgeon set off for Philadelphia to take an M.A. in surgery at the University of Pennsylvania Medical School. He hadn't been there a month before he fought the bout with Londos which



netted him the \$800.

By fighting Londres, acknowledged king of the ring, Wilson had edged into big-time wrestling. On five later occasions he met the titleholder again. He also did battle with Strangler Lewis, Joe McMillan, and other peers of the mat.

Thus, by day, he patched men up; while by night, he tore them apart. He fought 300 matches in New York—20 of them in Madison Square Garden—and almost as many in Boston.

In Wilson's carefully laid plan, medicine always came first. Wrestling was simply a means to achieve this end. In 1928 he was offered a berth on the Olympic wrestling team with the chance of a free trip to Amsterdam. He declined the offer, spent the summer giving anesthetics instead in an Evansville Hospital.

Single phone serves two rooms

One telephone extension can be made to serve two adjacent rooms (not simultaneously, of course).

If you have the extension attached to the door jamb between the two rooms, you may pick it up and step into either to talk. When you have a patient on your hands and want to talk in private, this solves the problem neatly.

Dr. Ethan Colton of Montclair, N.J., uses this arrangement between his two treatment rooms. The wire is no longer than an ordinary extension wire, since a single step takes him into either room. The door shuts over the wire.

At the U. of P., Wilson wrestled on an average of twice a week. But it never interfered with his work. He went to classes and studied until about three in the afternoon, then caught a train or a plane to his fight. Afterwards, he left immediately for Philadelphia and morning classes.

Fans liked Wilson. He had the universal reputation of being a clean fighter. One night in Indianapolis an opponent named Guthrie lost his head and started scratching, kicking, and biting. Outraged fans swarmed into the ring to finish him off. A riot squad arrived none too soon to get the demoralized Guthrie to his dressing room in one piece.

By 1935, the Fighting Surgeon had an enviable savings account. In May of that year he performed his last operation in the wrestling ring. With his degree of Master of Surgery, he retired to the comparative quiet of an Evansville practice. He bought himself a house, equipped his office handsomely, and laid in an ample supply of the size 18½ shirts which his well-developed neck requires.

Now 35, calm, soft-spoken Ralph Wilson enjoys a successful practice. He has neither the time nor the inclination to re-enter the ring. "Wrestling," he says, "has served its purpose." He keeps his hand in, though, by examining all amateur boxers for the Indiana State Boxing Commission.

[Is there someone you'd like to see included in "Private Lives"? MEDICAL ECONOMICS will gladly consider nominations. Selections are based on the prominence or unique nature of a man's career or avocation.—THE EDITORS]



Christmas gift from the AMA

As its Christmas gift to the profession this year the A.M.A. announces something for which MEDICAL ECONOMICS has long campaigned:

A substitute for the Wagner Health Bill.

To suggest that the gift is welcome is to be guilty of rank understatement. Most of us are delighted with it.

We may, it's true, be falling heir to no more than another set of empty recommendations. But we prefer to take the more optimistic view. Our confidence in the future is still firm enough to persuade us that this latest step on the part of organized medicine may mark a new departure from words to action.

If these hopes be justified then medicine's Big Push may not be far off. For when legislation acceptable to the profession is finally drafted, the occasion will have arrived for us to go into action in earnest.

At last, after many long moons, we'll have something tangible to throw our weight behind. It is inconceivable that any physician steeped in the tradition of private practice and cognizant of what its loss would mean to the people will fail to write or wire his Congressmen at once and induce his patients to do likewise.

The power of the profession in terms of the people it can influence is virtually without bounds. If each of only 100,000 physicians succeeds in urging ten patients to contact their Senators and Representatives in Washington, a million messages will have been dispatched for the good of the cause. The fate of many a national measure has been sealed by less.

And don't think writing to Washington doesn't bring results . . . It's an old device; but it's still the most effective. (For proof, see the article, "Write Your Congressman!" in March MEDICAL ECONOMICS this year.)

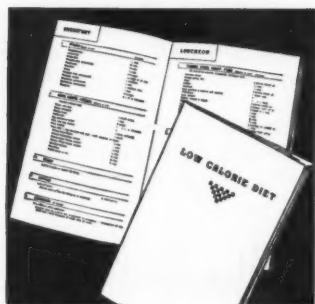
Most of us are now waiting for only one thing: The opportunity to roll up our sleeves and go to work!

H. Sheridan Baker

**SOMEONE OUGHT TO TELL
HER ABOUT *RY-KRISP***



**Ry-Krisp offers doctors low-calorie diet
Safe, easy-to-follow, popular with patients**



FREE! Generous supply Ry-Krisp wafers and low-calorie Diet Booklets printed especially for distribution by doctors. Address Ralston Purina Co., 961 B Checkerboard Square, St. Louis, Mo. (This offer limited to residents of the United States and Canada.)

These low-calorie diets (1700 calories for men, 1200 for women) permit safe weight loss of about $\frac{1}{4}$ pound a day. Supply all needed vitamins and minerals with possible exception of vitamin D. No cut-and-dried menus. Booklets list wide variety of everyday foods, allow patients to choose their own menus and enjoy foods they like—thereby encouraging strict adherence to diet.

Ry-Krisp is suggested as bread in these diets because each wholesome rye wafer contains only 20 calories. Equally important, from patients' standpoint, Ry-Krisp has a delicious, tangy flavor they like. Ry-Krisp is made simply of pure whole rye, salt and water. Ry-Krisp is available at most grocery stores all over America.



Hospital plans face stormy '40

Associations patch leaking ship as year of heavy weather ends. Meanwhile, recent events indicate financial buffetings are not yet over.

With the close of 1939, the group hospitalization movement looks back on what has been its busiest and most crucial year to date. And if recent events are a guide, the future will see the associations continuing their effort to keep out of financial trouble.

In New York State, the storm raging for several months finds the Associated Hospital Service still slashing benefits in a laudable but not publicly-popular attempt to restore its financial status to par. An official announcement by the A.H.S. discloses that new maternity-benefit "limitations," reported in MEDICAL ECONOMICS for October, amount to the elimination of obstetric care. Subscribers holding individual or husband-and-wife contracts are no longer entitled to maternity service.

To secure the only benefit of this kind now obtainable—a credit of \$5 a day for not more than ten days—a couple must take out a "family" contract. While this will cover about 60 per cent of hospitalization costs in maternity, it also boosts the annual premium from the \$20 of the regular husband-and-wife subscription, to \$26, if paid directly; or from \$19.20 to

\$24, if paid through salary deductions.

Nevertheless, professional observers note that the A.H.S. still offers laboratory and X-ray services (which many believe to be a cause of its reverses) while showing a continued willingness to slash hospital benefits.

Dr. Paul Keller, the service's medical director, has advised the New York Conference on Hospital Accounting that "The advice of the family doctor is invaluable to us. Doctors should play a large part in the formulation and operation of service plans. It is only by joint action between the medical profession and hospital administrators that we may arrive at a solution."

[Just before going to press, MEDICAL ECONOMICS learned that the A.H.S. has finally suited the action to the word. It has "taken the necessary steps" to reorganize its board of directors. The new board, Dr. Keller reports, will consist of six physicians, six hospital representatives, and six representatives of the public. The physicians will be appointed by their societies.]

In spite of this, there is fear that still further trouble may be ahead

for the New York and Boston units.

The recent attempt of the Philadelphia Associated Hospital Service to dissociate itself in the pub-

To cleanse sterilizers

Instrument sterilizers *do* get dirty. Salts present in the sterilizing water—particularly calcium salts—leave a precipitation. Oil from instruments adds to this. As a result, the efficiency of the sterilizer's heating coils may be badly impaired.

A weekly cleansing is the answer. Use a solvent such as carbon tetrachloride, benzene, strong vinegar, or a hot acid solution (e.g., one part hydrochloric acid to four parts water).

If you use acid, follow by rinsing the sterilizer with a strong soda or lysol solution, which will act as a neutralizing agent. Then rinse again with clear water.

lic mind from the former groups, is regarded as evidence of this possibility. Asserting that the New York and Boston plans were doomed to financial setbacks the moment they accepted individual members, Philadelphia's executive director E. A. van Steenwyk pointed out: "Hospitals have full representation on the board in Philadelphia, and can suggest changes. This is not true in New York."

Although some hospitals in the Quaker City insist they have lost money under their contracts, van Steenwyk scoffs at these charges. "Any losses are on paper only," is his answer. "The hospitals are doing better with the plan, because they get an increase in the volume of paying patients."

But even if Philadelphia institutions are satisfied, a number elsewhere are beginning to feel uneasy. This was brought out at a hospital conference held recently in Mr. van Steenwyk's own city. Nora E. Young, superintendent of a Brooklyn (N.Y.) hospital, declared that hospitals are in a state of "constant worry" about their security under the group hospitalization system. She outlined the plight of member institutions as follows:

"Patients who heretofore paid for private accommodations have joined these plans and reduced hospital income. Hospital service subscribers replace patients in the paying group, demand semi-private rooms, and all the privileges that go with these accommodations. Costs mount.

"If monies received by your hospital from insurance are below per capita cost," she asked, "are you justified in carrying these patients? How do you make up the deficit?"

Funds, Miss Young reminded the listening hospital heads, are usually contributed to hospitals for the sick-poor, not for private patients. It is questionable, she observed, to



A Prescription for an Expectant Father

Have a Bathinette there when the new mother comes home from the Hospital. You'll get a real kick out of watching your heir and hopeful enjoying his bath some Sunday morning. (This is worth 2 games of golf.) **BE SURE IT'S A BATHINETTE!**

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BABY BATHINETTE CORPORATION, Rochester, N. Y.

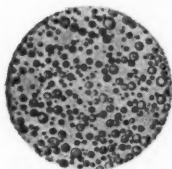
Why "LACTOGEN" is so easy for Infants to Digest

TWO steps are taken so that Lactogen, which is made from cow's milk, may closely approximate woman's milk insofar as digestibility is concerned.

One of these steps is to subject the modified milk to the process of

homogenization. In this process the milk is forced by a high pressure pump through very fine passages in which friction and shearing action break up the fat globules as shown by the following photographs.

COW'S MILK FAT GLOBULES



Before Homogenization



After Homogenization

Any difficulties in digestion caused by the physical characteristics of the fat of cow's milk are thus obviated by this process.

Because of this reduction in the size of the fat globules which renders the fat of cow's milk more readily digestible, Lactogen contains the full amount of

fat that a proper formula for infants should have. Further, this is entirely milk fat, not vegetable or any other substitute fat. The infant's need for milk fat is, therefore, fully met with this one easily digestible food.

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Salicylates ARE Well Tolerated When You Prescribe *Alysine* (THE NEW NAME FOR ALYCIN)

1. NATURAL SALICYLATES—Alysine is prepared from Merrell's *Natural Salicylates only*—preferred for over 60 years for reliable salicylization with less gastric distress.

2. BALANCED ALKALINE BASE—selected alkaline salts in 2 to 1 ratio with salicylates—act as a buffer against gastric irritation.

Three Pleasant Dosage Forms

ALYSINE

POWDER

—Each ounce represents natural salicylates of sodium, 38 grs.; of magnesium, 53 grs.; of calcium, 53 grs.; with sodium bicarbonate, 95 grs.; calcium carbonate, 95 grs.; and magnesium carbonate, 95 grs. (10 grs. natural salicylates per level teaspoonful.)

ELIXIR ALYSINE—Each fluidounce contains natural sodium salicylate, 36 grs.; potassium bicarbonate, 51 grs.; and sodium citrate, 18 grs.; in aromatized elixir with 10% alcohol. (5 grs. natural salicylates per average teaspoonful.)

ALYSINE TABLETS—EFFERVESCENT

—Each tablet contains natural sodium salicylate, 10 grs.; sodium bicarbonate, 21 grs.; tartaric acid, 8 grs.; and citric acid, 7 grs.

Write for literature and sample.

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tap charity funds to make up arrears arising out of any three-cents-a-day plan. Her solution—which group hospitalization leaders have already rejected as certain to cause wholesale cancellations of contracts—is that the association raise their rates.

More radical is the proposal of Dr. Basil C. MacLean, director of Strong Memorial Hospital in Rochester, N.Y. He recommends that the associations heighten the attractiveness of their contracts by throwing in medical care, so as to offer what he calls "hospital medical practice for an inclusive rate." Citing "the success of the salary system for radiologists, pathologists, and laboratory heads," he assured the associations that "it is inconceivable that an intelligent medical profession will refuse to cooperate" in such a venture.

At least one Governor has thought it advisable to toss out legislation designed to extend group benefits to his State. And recently the Indianapolis (Ind.) Chamber of Commerce turned a businessman's eye on the insurance contracts—with surprising results.

Under the leadership of Dr. Norman M. Beatty, the chamber's committee on public health analyzed the benefits offered by forty-one group hospitalization services and thirty-five private insurance companies. It found that, so far as the patient is concerned, commercial indemnity insurance can accomplish "the same purpose" as the non-profit hospital groups.

In California, other methods are already being sought to meet the hospitalization needs of the moderate-income class. The California Farm Bureau Federation has drawn

up a five-point program that significantly makes no mention of hospitalization insurance. Instead, it calls for the opening of county charity hospitals to all pay- and part-pay, patients; the admission of any qualified practitioner to practice in these hospitals; the right of the paying patient to select his own doctor to treat him in the hospital; county-financed ambulance service to all parts of the community; and the provision of necessary care before investigation of the patient's financial standing. If such a program were instituted on a nationwide scale, many of its proponents assert, it would eliminate both the need for group hospitalization insurance and the problems that have risen in the latter's wake!—DAVID L. WARK

Just published

BOOKLETS

HEALTH INSURANCE PLANS. Industrial non-contributory disability benefit schemes. (National Industrial Conference Board)

BOOKS

HEALTH IN HANDCUFFS, by John A. Kingsbury. The national health "crisis" and what Mr. Kingsbury believes can be done about it. (Modern Age Books, 75 cents)

MODERN MIRACLE MEN, by J. D. Ratcliff. Discussing latest developments and research in medicine. (Dodd, Mead, \$3)

THE MERCK INDEX, Fifth Edition. An encyclopedia of useful scientific data on chemicals and drugs, including tests and reagents, formulas, tables and literature references. (Merck & Co., Inc., \$3)



This Medically-Tested Preparation RELIEVES SIMPLE EYE INFLAMMATIONS

Compounded from a scientifically exact formula, tested in use for over forty years, Murine offers unique advantages for the relief of simple conjunctivitis and eye inflammation due to irritations.

Murine is alkaline due to the presence of potassium. It thoroughly cleanses the conjunctiva as well as the tear duct, dissolving mucous secretions.

Murine is non-irritating because it is isotonic with the tears. Its osmotic pressure equals that of the tears; its freezing point is—0.85 C.

Berberine and hydrastin make Murine tonic-astringent for the mucous membrane and give it a comforting, refreshing effect. Because Murine is applied with a dropper instead of an unsanitary eye-cup, the sterility of each application is guaranteed.

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Murine Contains:

Potassium Bicarbonate, Potassium Borate, Boric Acid, Berberine Hydrochloride, Glycerine, Hydrastin Hydrochloride, Sterilized Water, 'Merthiolate' (Sodium Ethyl Mercuri Thiosalicylate, Lilly.)





Dear Doctor

You will appreciate that in presenting Alka-Zane we confess to believing that you are better able to prescribe for the treatment of acidosis than is the fruit peddler.

You prescribe Alka-Zane for the practical reason that, when food is not enough, this palatable effervescent salt supplies the necessary sodium, potassium, calcium and magnesium for the replenishment and maintenance of the alkali reserve. These salts are present in Alka-Zane in their readily assimilable forms; as citrates, carbonates and phosphates. There are no lactates, tartrates or sulphates, and no sodium chloride.

If you would like us to send you a professional trial supply of Alka-Zane, please ask for it on your letterhead. We shall be glad to send it. Alka-Zane is supplied in bottles of 1½, 4 and 8 ounces.

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PUBLIC SPEAKING for the Physician

2. COLLECTING THE MATERIAL

The French have a word for it. They call it *embarras de richesse*: an oversupply of material.

Compared to the lay audience, you know so much about your chosen subject that your first job is to condense—to eliminate all but the essentials. And your first precaution is to make sure that what you have left will interest the average man. For no matter how well you know your facts—no matter how many scientific texts you study first—you'll miss the mark unless you stick to material that *anyone* can understand.

Where to find this special kind of material?

Perhaps your State society produces a radio series. If so, write for copies of the broadcasts. If not, a collection of radio talks is available through the American Medical Association's Bureau of Health Education. Point is that these radio scripts will show you how skilled speakers have molded scientific data into the lay idiom. Not that you'll select a "canned" speech prepared by someone else. But it pays to examine the work of experts in simplifying technical material.

If you want merely the raw material arranged in a form digestible

to the scientifically untrained, one of your best sources is the Hygeia Loan Collection, also obtainable through the A.M.A. Just name your topic. A folder of clippings, written in popular vein, will be loaned to you. You may keep it for as long as ten days.

Subjects in the Hygeia collection range through the alphabet from "Athletics" to "Worms." Included are such titles as "Food, Drug, and Cosmetic Rackets"; "Growing Old Gracefully"; "Mates, Mismates, and Marriage"; "Play, Leisure, and Recreation"; "Constipation and Cathartics"; and many others.

Another model is the syndicated "medical advice column" carried by many newspapers. Or one of the "health advice" books advertised to laymen. Going one step farther is the Dutton publication, "Your Health Dramatized," by W. W. Bauer and Leslie Edgley. The men who write these books and columns have carefully studied the technique of "meeting the public."

In the hunt for material, keep in mind your primary aim. Do you aim to give information? To encourage the greater use of medical facilities? To amuse and interest?

[Turn the page]

Or to stimulate to specific action?

If, for example, your goal is to induce action, you will want figures as well as information about

Asks patients to get calls in by 9 A.M.

"Quicker and better service to you and an accommodation to your physician are secured by sending in your calls, when possible, before 9 A.M."

Patients read this mutually-helpful advice at the top of each bill-head sent out by Dr. James Lomauero of Passaic, N.J. The doctor credits it with saving his nurse a lot of time and trouble formerly encountered in trying to reach him by phone after his departure from the office.

Now that more calls are in before nine, rather than after, the doctor is better able to budget his time. He can arrange appointments in a convenient sequence which is less often interrupted.

the pros and cons of the plan you propose. Figures help to highlight significant trends.

For entertainment, you will want anecdotes, humorous illustrations, and human interest stories.

If your job is promotional, you must be armed with facts about the bad effects of neglecting medical care—including morbidity inci-

dence, death rates, and costs.

Usually, however, your prime purpose will be to inform. Your chief need will be for material which the layman will assimilate on the spot and remember afterwards.

Whatever your purpose, collect more data than you expect to use. Especially if the audience will be permitted to ask questions, as is likely. Be prepared for the alert listener, the fellow who's ready to stump you with a question you hadn't thought worth investigating.

Typical of the latter situation is the case of a doctor whose talk had to do with periodic health examinations. Someone asked for the figures on average life expectancy. The doctor couldn't answer—though there's a rule of thumb that would have saved him keen embarrassment. To avoid a similar fate, try to anticipate audience questions. Then keep a reservoir of excess material handy to answer them.

If anecdotes and human interest stories are the order of the day, start collecting them now. From the medical journals that come to your desk, clip anything that has potentialities for catching the layman's interest. Collect relevant stories from newspapers and magazines. Make notes of interesting episodes related by the staff-room raconteur.

For instance, there is the story reviewing Napoleon's retreat from Moscow. An insufficient salt sup-

Promptly Controls Itching and Irritation

Resinol Ointment is exceptionally reliable, whether the condition arises from eczema, pruritus ani or vulvae, or other source. Speedy, decisive action. Try it. For professional sample write Resinol Chemical Co., Dept. ME-11, Baltimore, Md.

RESINOL

Comparative Tests for FREE Salicylic Acid in Gastric Content After Ingestion of Aspirin or Alka-Seltzer . . .

CROSS-SECTION TABULATION OF EXPERIMENTAL RESULTS			
SUBJECT	TIME OF COLLECTION OF SPECIMENS MINUTES	QUALITATIVE TESTS FOR FREE SALICYLIC ACID IN GASTRIC CONTENTS	
		AFTER GRUEL MEAL AND ASPIRIN	AFTER GRUEL MEAL AND ALKA-SELTZER
T. C.	15	+++	0
	30	++++	0
	45	+++	0
	60	++	0
	75	+	0
	90	±	
	105	0	
M. C.	15	++	0
	30	+++	0
	45	++	0
	60	±	0
	75	+	
	90	—	
	105	0	
L. B.	15	+++	0
	30	++++	0
	45	+++	0
	60	—	
	75	—	

THIS investigation was undertaken as part of a comprehensive study to determine the value of Alka-Seltzer as an agent for the relief of certain minor ailments.

One of the many laboratory and clinical experiments undertaken is summarized herewith.

Full details of this and other informative studies are being compiled in the form of an illustrated brochure which will be sent to interested physicians on request.

CONCLUSIONS

1. All qualitative tests for free salicylic acid (or acetylsalicylic acid) were negative in specimens of gastric contents aspirated at intervals of 15 minutes after the ingestion of Alka-Seltzer with the gruel meal until the stomach had been emptied completely.

2. All specimens of gastric contents analyzed for periods ranging from 45 to 75 minutes after consumption of aspirin with the meal gave positive tests for free salicylic acid (or acetylsalicylic acid) varying in intensity from + to ++++ reactions.

The absence of free salicylic acid in the gastric content following ingestion of Alka-Seltzer is clinically significant. It suggests a lessened tendency toward possible irritant action of the analgesic on the gastric mucosa.

MILES LABORATORIES, INC.
OFFICES AND LABORATORIES: ELKHART, INDIANA

MEDICAL ECONOMICS, DEC. 1939

ply, so the story goes, caused a deficiency in the soldiers that delayed the healing of their wounds. At the moment, that story is of no use to you. But why not clip it, classify it, and file it away? Some day when you're talking about diet, it will make an interesting illustration.

Such a file came to the aid of a Georgia physician not long ago. In a lecture on medical economics, he told an anecdote about clinic abuse which dramatically illuminated his point. The incident had actually occurred during the poliomyelitis epidemic back in 1916! A report of it had been yellowing for thirteen years in the doctor's collection of clippings. But it was worth saving, just for that single occasion.

So why not start your own file now? In a short time, you will have a rich reservoir of illustrative material.

An excellent way to drive a point home to the laity is to refer specifically to work done in well-known medical institutions. You know that tonsillitis predisposes to rheumatic fever. But before lecturing on it, secure a citation so that you can document your remarks in a manner similar to this: "Recent researches at the Mayo Clinic have demonstrated that . . ." Or: "Workers at the Johns Hopkins Hospital have found that . . ."

Collecting material for a medical audience is a different problem. You undoubtedly have the primary

material already. Else you wouldn't have been asked to speak. What you *do* need, probably, is a background of general information—usually historical.

On scientific topics, perhaps the best way to make a complete survey is to examine citations of published work in the *Quarterly Cumulative Index Medicus*. (Ask for it at the nearest medical library.) Whether to go back five years, or ten, or twenty depends on the topic. If it is something about which a large literature already exists, don't bother to review old references; they will have been incorporated in the more recent ones.

Brief compact reviews of a scientific topic may be secured by asking The Package Library of the A.M.A. for a collection of material. Rental fee is only 25 cents a package, which entitles you to keep the material ten days. Simply designate the scientific subject in which you're interested. A fat bundle of clippings and reprints will arrive in a few days.

While citations are necessary to a medical talk, you don't want to make the mistake of leading off with a whole batch of them. So choose wisely when collecting historical material. Better just refer to the first case reported, giving date and author, and touch only lightly on outstanding changes in thinking through which the subject has passed. This will allow you

Hepvisc

REDUCES BLOOD PRESSURE

Sample and Formula on Request

RELIEVES THE SYMPTOMS

ANGLO-FRENCH DRUG CO. (U.S.A.) Inc., 75 Varick St., New York, N. Y.



*"Tell her not to
worry, nurse..."*

WE'LL PUT HER BABY ON AN
EVAPORATED MILK FORMULA!"

GREAT, wasn't it, when evaporated milk was found to be an adequate substitute for mother's milk—thus enabling you to allay the fears of young mothers whose breast-milk supply has stopped! What's more, today, by recommending White House Evaporated Milk, you suggest a product which is wholesome, pure, nourishing—and thriftily priced!

This economy accompanies high quality. White House is made from the milk of more than 80,000 cows. This milk is delivered to the evaporating plants at least every 24 hours—twice a day during hot weather.

Quality? Its average total solids contents of 26.1% and average

butterfat contents of 7.839% conform to Government standards. Its curd tension is zero. It is absolutely sterile according to unbiased laboratory tests. White House is quickly digested in infant feeding because it is homogenized: the fat globules of ordinary milk are broken into tiny particles and blended evenly throughout. White House is made, sold and guaranteed by A & P.

*It's
Homogenized*



SOLD EXCLUSIVELY AT A&P FOOD STORES

Arthritis CHRONIC RHEUMATISM and ALLIED CONDITIONS

call for combined Sulphur, Iodine, Calcium, and a powerful solvent and eliminant of uric acid.

Such is

LYXANTHINE ASTIER

Given by mouth, it tends to relieve pain, reduce swelling, improve motility, by reaching causes—not merely relieving symptoms.

Write for Literature and Sample.

GALLIA LABORATORIES, Inc.
254 WEST 31ST STREET, NEW YORK

So the doctor moved to Russia...

Was there anything left for him but vodka on the Volga?

Hardly, you'll agree, if you've read how Dr. Roberts tried to apply justice and common-sense in a socialized medical world—and found they wouldn't work.

Dr. Roberts' story appeared in April MEDICAL ECONOMICS, under the title, "Mothers in Uniform." Scores of physicians found its satire on state medicine so laugh-provoking that they requested reprints for their patients.

Such reprints are now available at cost: 60 cents a hundred. Address: Medical Economics, Inc., Rutherford, N.J.

to plunge promptly into the current material.

Historical review is less essential to a talk on a medical-administrative or economic topic. Some background, however, is necessary to the preparation of an authoritative talk. For suggestions as to helpful historical and current material on health insurance, socialized medicine, medical economics, etc. a letter to MEDICAL ECONOMICS will get you off on the right foot.

—J. W. HENDERSON, M.D.

[A third installment in the series "Public Speaking for Physicians" is scheduled for early publication.

—THE EDITORS]

In the Middle Ages, the well-dressed physician made his rounds in a fur-ornamented cloak that reached from his neck to the buckles of his shoes. His hat was of velour. If he didn't wear gloves, he often carried a muff.

"I know something of taxes. For three long years I have been going up and down this country preaching that government—Federal and state and local—costs too much. I shall not stop that preaching."—Franklin D. Roosevelt, nomination acceptance speech, Chicago, July 2, 1932.

"My little girl eats them like candy"

says a New York physician.

A 6 grain tablet of sodium bicarbonate and aromatics so palatable the patient doesn't know he is taking soda—does know he receives almost instant relief and trial is proof. Send for sample.

HOLLINGS-SMITH CO., Orangeburg, New York
Please send sample of CARBEX BELL. ME 13

Dr.
Address
City State

INTRODUCING . . . A NEW CONVENIENCE IN

MEDICATED VAGINAL TAMPONAGE



GENTLE INSERTION
PROLONGED CONTACT
EASY REMOVABILITY

A SIMPLE technique for prolonged contactual medication of the vaginal mucosa is now available with Medipax Brand of Tampon-Suppositories. Each complete unit holds a medicated suppository and a unique compressed tampon in an ingenious individual applicator.

The simple operation of the applicator permits the introduction and high placement of the suppository and tampon . . . without annoyance to the patient or irritation to the tissues. In position against the cervix, the suppository slowly melts, spreading evenly over the vaginal mucosa. The tampon, in the presence of vaginal moisture, expands freely to its full size—its mild pressure holding the medicament in position, without leakage. A water-resistant cord facilitates gentle removal.

Medipax Tampon-Suppositories are medicated either with 'Metaphen'* 1:2000, or with 'Merthiolate'† 1:2000, whichever the physician may prefer.

The marked convenience and more effective tamponage afforded by Medipax will appeal to the physician as a significant improvement over older and more makeshift methods for treating many gynecologic conditions.



In situ, expanded tampon holds medicament in even contact with mucosa, without leakage.

Medipax Brand of

REG. U. S. PAT. & OFF.

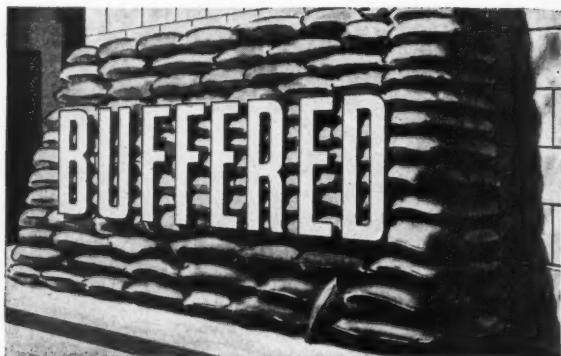
Tampon-Suppositories

ALLEN LABORATORIES INCORPORATED, NEW BRUNSWICK, N. J.

*'Metaphen' is the registered trademark of Abbott Laboratories for 4-nitro-anhydro-hydroxy-mercury-ortho-cresol.

†'Merthiolate' is the trademark of Eli Lilly & Company for Sodium Ethyl Mercuri Thiosalicylate made by it.

Send now for complete literature



FOR (Maximum Clinical Effectiveness Minimum Toxicity

Salici-Vess—The combined effects of the anti-arthritis medicaments—sodium salicylate and sodium iodide—in an acceptable, effervescent alkaline tablet. For the relief of pain in rheumatic affections, the salicylates are now preferred to many of the newer analgesics by reason of their comparative safety. In Salici-Vess this safety factor is enhanced by the presence of the buffers, sodium bicarbonate and sodium citrate. Bottles of 30 tablets.

Aspir-Vess—An improved antipyretic, analgesic. Combines the effect of aspirin with alkali buffers in a palatable, effervescent solution. Bottles of 25 tablets.

Alka-Vess—Highly effective, safe, buffered alkalization—the buffer salts assure rapid, efficient, gastric neutralization with subsequent minimal acid rebound plus speeded emptying of the stomach. Palatable—no earthy, alkaline taste. Bottles of 25 tablets.

Write for Samples and Literature

EFFERVESCENT PRODUCTS, Inc.
ELKHART, INDIANA



"Look out for that last step—it's a dandy."

INVESTORS' CLINIC

War is here!

With these words, printed in blood-red type, a bureau specializing in stock tips decorated the cover of one of its recent circulars. Beneath this scare-head was a list of some of the 1914-18 war brides—securities which boomed to fabulously high levels. The point of it all, of course, was to persuade investors to buy these stocks again as a shortcut to big profits.

The appeal of this circular is unsound, not only from a profit standpoint, but also from the point of view of good taste. Some may doubt the influence of "good taste";

nevertheless, the Government is giving it practical interpretation. The United States is disciplining itself; it is not out to make money from the distress of other nations.

Beyond that, there is considerable evidence that large investors are not interested in war brides. Recent reports of the large investment trusts show that such stocks are being shunned in favor of companies which serve basic American industries.

Of course, war brides will find plenty of backers. But they are not for the physician. They involve a high element of risk. And sooner or

Announcement

SCHERING CORPORATION OF BLOOMFIELD, N. J.

is an American Company, incorporated in the State of New Jersey.
There is no direct or indirect German capital or stockholder in the business.

NO MATERIALS OF GERMAN ORIGIN are imported for use in
any of SCHERING'S —

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CONTRAST MEDIUM for the urogenital
tract, Neo-Iopax

GONADOTROPIC HORMONES

Anteron
Pranturon

LAXATIVE

Saraka

or any other product.

We have investigated Schering Corporation
and to the best of our knowledge the above
statements are correct.

NON-SECTARIAN ANTI-NAZI LEAGUE

to Champion Human Rights, Inc.

later they're bound to boomerang on even the inveterate stock trader.

Better stick to industries which serve a useful purpose in *either* peace or war.



Balance is the most important word in the investor's dictionary. It's the word which differentiates an investment *program* from a series of shots in the dark.

One of the safest methods of achieving a well-rounded investment schedule is to allot your available funds about half and half in two different types of investment media.

The first type are equities, typified by common shares of strong corporations, real estate, and other property, such as an automobile, office equipment, and even clothing.

The second type may be described generally as savings, under which may be included a savings-bank account, insurance, and high-grade bonds.

This fifty-fifty division achieves the two fundamental aims sought by the wise investor:

1. Safety of principal; and
2. Assurance of continued income.

Your *equities* protect your purchasing power. This is particularly important when prices of food-stuffs, rents, and other basic necessities are soaring. If these living costs should go through the roof, chances are the property you own

(including good stocks) would also go higher.

Meanwhile, your savings give you assurance of a fixed return. The income from this type of investment should remain reasonably constant even during and after the war.



You've been hearing glowing reports about the prospects for the automobile industry. And you'll be hearing more, for companies in this field face the new year with the rosiest of expectations.

There's reason for this optimism. The industry expects to record the greatest production for any fourth quarter in its history when the three-months period ending December 31 has been completed. And indications are that the pace will be continued next year.

All that's splendid from the standpoint of making an investment in automobile stocks. But a word of caution is advisable: Keep an eye on labor relations within the industry. An epidemic of strikes would cut heavily into profits. Whether this form of industrial paralysis can be avoided is still open to question.



Good times ahead! That's the prognosis for companies that produce and distribute natural gas.

Rising material prices are the chief explanation. As they cut into the profits of companies which



UTILIZES INHALATION THERAPY

A more effective application of ephedrine. Vapor reaches areas inaccessible to drops or spray. Patients report easier breathing in asthma, catarrh, some forms of sinusitis. Ephedrinets smoke as freely and smoothly as ordinary cigarettes. Pleasant, effective and convenient. Free—6 trial packs of 3 cigarettes each. Write today.

YORK DRUG COMPANY, 220 W. 19th ST., NEW YORK, N. Y.

TWO PEAS MAY BE DIFFERENT, AFTER ALL



Martha Michener at 4 months



Martha at 7 months

Clapp's Strained Foods..

Texture and consistency held to a standard set by doctors; smoothly strained, but not too liquid.



Martha at 12 months



Martha at 2 years

Clapp's Chopped Foods..

Coarsely cut but uniform, giving the older baby opportunity to learn to chew her food properly.

"AS LIKE AS TWO PEAS" may have been a fair simile when peas were judged on appearances only.

But modern tests on vitamin content show that one variety of peas may exceed another by as much as 50%.

Clapp's peas are a small-seeded variety with vitamin content as high as the highest of 10 varieties tested by the New York State Department of Agriculture.

Many other strains of vegetables used in Clapp's Foods have been developed through years of selective breeding. And the result is not only excellent food values, but also greater palatability and acceptance by babies.

● The Clapp Company—first to make both Strained Foods and Chopped Foods commercially—has never made anything else. It is the only large organization that specializes exclusively in this work.

Clapp's Program of Graded Infant Feeding

18 VARIETIES OF STRAINED FOODS

For Young Babies

Soups—Vegetable Soup • Beef Broth • Liver Soup • Unstrained Baby Soup • Strained Beef with Vegetables • **Vegetables**—Tomatoes • Asparagus • Spinach • Peas • Beets • Carrots • Green Beans • Mixed Greens • **Fruits**—Apricots • Prunes • Apple Sauce • Pears and Peaches • **Cereal**—Baby Cereal.

12 VARIETIES OF CHOPPED FOODS

For Older Babies and Young Children

Soup—Vegetable Soup • **Junior Dinners**—Beef with Vegetables • Lamb with Vegetables • Liver with Vegetables • **Vegetables**—Carrots • Spinach • Beets • Green Beans • Mixed Greens • **Fruits**—Apple Sauce • Prunes • **Dessert**—Pineapple Rice Dessert with Raisins.

CLAPP'S BABY FOODS



STRAINED FOR BABIES . . . CHOPPED FOR YOUNG CHILDREN

manufacture gas from steam, the natural gas companies gain a new competitive advantage. For natural gas is taken straight from the earth. Hence, rising coal costs have no effect on its production.

What's more, natural gas contains many important chemical elements for which there is an excellent market. For example: the world's highest grade gasoline (100 octane), which is used to power airplane motors.

The natural gas industry is admittedly speculative. But there are at least two or three companies in which a *small* investment should prove worthwhile. Best procedure is to have a reputable brokerage firm or bank analyze for you the six strongest companies in this field.

That the industry as a whole is doing well is evident from the fact that its sales and profits this year will be higher than in 1929.



A sound investment principle is to stick to listed rather than unlisted securities, other things being equal.

Listed securities are those traded on a large stock exchange, such as the New York, Boston, or Philadelphia exchange.

Unlisted securities are bought and sold over the counter. That is to say, they are swapped among brokers; not in a market or exchange that is regulated by a governing board.

Over-the-counter brokers are, ordinarily, as scrupulous as stock exchange members. But here's the rub:

Securities traded regularly on the exchanges enjoy a wider market than those that are not. And this is an assurance to the owner that the price of his shares is likely to remain fairly steady while the sale is being negotiated. This cannot be said of over-the-counter dealings, where shares sometimes are knocked down two or three points before a buyer is found.



Indirectly, the European war has been a break for the large American cigarette companies. With reduced foreign buying of domestic tobaccos, the cigarette manufacturers are able to buy tobacco leaf at a price somewhat lower than that which prevailed before the war. Which means, of course, a chance to widen the slender profit margin on cigarettes sold at retail.

These companies are more than

FOR A CALM, UNTROUBLED MENOPAUSE—

ESTROMONE

IN OIL SOLUTION FOR
INTRAMUSCULAR USE

—
TABLETS FOR EASY ORAL
ADMINISTRATION

ESTROGENIC HORMONE

Biologically Standardized—Clinically Proven
backed by a record of impressive clinical effectiveness, gives assurance that the distressing symptoms of the menopause can be relieved in the majority of cases.

ENDO PRODUCTS, Inc., 395 FOURTH AVE., NEW YORK, N. Y.

AS ONE PHYSICIAN TO ANOTHER—



IN TREATING CONSTIPATION, this is what 9 PHYSICIANS out of 10 WOULD SAY . . .

New habits of elimination, new dietary habits are the basis of most successful treatment. However, in aiding in the re-establishment of such habits, a bland pure mineral oil may often be most helpful. And now, in

light of recent studies upon the effects of Vitamin B-1 in the gastro-intestinal tract, this important food factor may be an essential in restoring normal tonus to the neuro-muscular mechanism of the intestines.

BOTH of these IMPORTANT AIDS are present in VITA NUJOL!

VITA NUJOL is a pleasant tasting mineral oil emulsion with pure crystalline Vitamin B-1 added. The concentration of the vitamin is such that the recommended average dose of Vita Nujol contains the average maintenance requirements for an adult (400 International Units).

VITA NUJOL will be found to be helpful not only in the treatment of constipation, but wherever

Vitamin B-1 deficiency may be a factor. This includes such conditions as loss of appetite, the toxemias of pregnancy and chronic alcoholism, gastric and duodenal ulcers, and many other common syndromes.

A postal card will bring you free samples and descriptive literature. Stanco Incorporated, 1 Park Avenue, New York, N. Y.

VITA Nujol



Corp. 1938, Stanco Inc.

willing to take a smaller profit from export sales in exchange for an improvement in the domestic market. Americans, by far the world's heaviest smokers, have long provided their bread and butter. But increasing the profit margin on sales to the domestic market has, till recently, involved raising retail cigarette prices above the present high level to which they have been boosted by multiplying taxes. Fear that the latter step would drive many smokers to cheaper brands, or to the use of pipe tobacco, has tied the hands of big tobacco firms.

The change in the picture now extends to a number of cigarette company securities. They're worth looking into.



Canada's large pulp and paper industry (and this country's as well) is also getting a helping hand from the war. For two reasons:

First, imports of Scandinavian paper have been largely cut off.

Second, industrial recovery and the heavy volume of war news find American newspapers and other periodicals consuming more paper.

Hence, better profits for the newsprint industry, reflected in favorable investment opportunities in shares of its leading companies.



The sky seems to be the only limit to the progressive technological de-

velopment of American industry. Every day, this development makes use of new types of machinery, best described as the eyes and ears of manufacturing science.

For example, machines have been constructed which can "see" the whirring blades of an airplane propeller and indicate whether it is in perfect balance. Another machine can locate tiny holes, smaller than a needle's point, in steel ribbons passing rapidly through a fabricating machine.

This expert and minute detection is necessary to the construction of airplane motors, whirling steam turbines, and other modern equipment. With American manufacturing speeding up, the highly specialized machine-tool and electrical-equipment industry offers several attractive investment opportunities.—F. H. MCCONNELL

"Lawyers take what they would give. Doctors give what they would take."—*Oliver Wendell Holmes*

Organized medicine in New York City has heard at least one echo of the European war. The German Medical Society has changed its name to the "Rudolf Virchow Society."

The largest salary in Kansas during 1937 was earned by a country physician, Dr. A. E. Hertzler. Apart from his other earnings, the author of "Horse and Buggy Doctor" received \$74,782 as president of the Halstead Hospital Association. Halstead has 1,373 inhabitants.

NATIONAL

2%

GREASELESS OINTMENT
(U. S. Pat. No. 2,124,295)
WRITE FOR LITERATURE

Allantoin

THE NATIONAL DRUG CO.
PHILADELPHIA, U.S.A.

ME-12-39



A GOOD START -

...but as the winter season progresses, the physician sees a marked increase in the number of cases of secondary anemia due to infections and debilitary illness. For these and other cases of iron deficiency anemia, Neobovinine with Malt and Iron provides a rich source of hemoglobin building ingredients. In addition to the liver principle, each 100 cc. of Neobovinine with Malt and Iron contains 510 Mgm. of Iron in a quickly assimilable form. Neobovinine with Malt and Iron is also indicated as a general reconstructive agent.



THE BOVININE COMPANY • CHICAGO, ILLINOIS

When patients refuse X-rays

Use this form for protection against malpractice suits

X-rays are as necessary an adjunct to the doctor as his bag. Courts assume that they will be taken whenever needed. To fail to secure an X-ray record of a case that requires it is to seriously jeopardize your position in any malpractice action that may follow.

But suppose the patient refuses to have X-rays taken. . . Can you still be held liable?

You can if you're unable to *prove* that you recommended X-rays and that the patient refused them. It is well to remember that some people

who balk at being X-rayed are not so backward when it comes to blaming the physician for the effects of their own shortsightedness.

Securing proof with which to safeguard yourself in such cases is quite a simple matter. All you need is a release from the patient, absolving you of responsibility. The reason that releases are not always obtained by physicians under such circumstances is probably that no suitable release form has been made available on a large scale.

For the convenience of MEDICAL ECONOMICS' readers, therefore, I have prepared the form which appears below. It constitutes a valid and enforceable release when executed anywhere in the United States.

Simply ask each recalcitrant patient to sign it. Make sure you have two witnesses to the signing. Then

Wintertime is Thantis Time

For the relief of throat affections common in winter many physicians have found Thantis Lozenges, H. W. & D., effective.

Thantis Lozenges were developed for medical use in the treatment of throat soreness and irritation and following tonsillectomy. They dissolve slowly, permitting prolonged throat medication, reach areas inaccessible with gargles, are convenient and economical, are antiseptic and anesthetic for the mucous membranes of the throat and mouth.

Thantis Lozenges, H.W.&D.

contain Merodicein, H. W. & D., 1/8 grain, and Saligenin, H. W. & D., 1 grain. They are supplied in vials of 12 lozenges each.

Every H. W. & D. product is investigated and proved chemically, pharmacologically, and bacteriologically in our laboratories before marketing.



HYNSON, WESTCOTT & DUNNING, INC.
BALTIMORE, MARYLAND

IN DIABETES MELLITUS



Judge UVURSIN By Its Results...

UVURSIN is an ethical product worthy of your attention. It is a mild, innocuous oral treatment for diabetes and can be administered alone or as an adjuvant.

We know of no better way to demonstrate the efficacy of UVURSIN than to have you test it and see the improve-

ment in one of your own cases.

Let UVURSIN write its own record in the case history of one patient. Then judge it on results.

Coupon below will bring you a quantity sufficient for a 27-day trial without cost or obligation.

ORAL • INNOCUOUS • EFFICACIOUS
PREPARED FOR PRESCRIPTION PURPOSES ONLY

JOHN J. FULTON COMPANY, 88 First Street, San Francisco.

Please send me 27-day supply of UVURSIN without cost or obligation.

Dr. _____

Street _____

City _____ State _____

**"CERTE
SCIO"**

**WISCONSIN ALUMNI
RESEARCH FOUNDATION**

Approved for
VITAMIN D
upon periodic
tests

"I KNOW FOR CERTAIN"...

WHenever you find this Seal, or reference to the Wisconsin Alumni Research Foundation upon the package of a Vitamin D irradiated medicinal, milk or food, or in the advertising pertaining to such, say to yourself, "*I know for certain*, that this contains Vitamin D, placed there by the Steenbock Irradiation Process, and of the required potency according to the standards of the Wisconsin Alumni Research Foundation."

You can remind yourself that the method of producing this substance, and the procedure for testing its potency, have been developed through the agency of the Foundation. But beyond that, you know that the Foundation is constantly checking and testing all licensed products, to assure the

purchaser of any such product that its standards are being *continuously* maintained by the licensed manufacturer. Samples of his product purchased in the open market are submitted to periodic tests in the Foundation laboratory. Every licensee of the Foundation is entitled to use this Seal on its licensed products; *and every product licensed by the Foundation is periodically tested, whether or not the Seal appears thereon.*

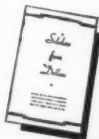
Laboratory research and clinical studies extending over some fifteen years, and entailing the expenditure of over \$300,000 have developed the technique for these tests, and have established definitely the validity of the claims represented by the statement on the Seal.

PIONEERING THE NEW FRONTIERS OF SCIENCE

The Wisconsin Alumni Research Foundation is an organization not for private profit formed to receive and administer voluntarily assigned, patentable discoveries of faculty members at the University of Wisconsin. Its trustees are alumni who give their services to the Foundation without any compensation whatsoever.

All net avails are devoted to research in the natural sciences. At present some 72 projects

are under way, being supported by funds appropriated by the Foundation. A provision in the charter limits such projects to those of distinct value to the well-being of the human race. A comprehensive outline of the history and activities of the Foundation is given in the booklet, "Scholars from Dollars" a copy of which will be sent anywhere upon request.



WISCONSIN ALUMNI RESEARCH FOUNDATION MADISON, WISCONSIN

file the release among your records. If the patient sues you later for malpractice, his signature on the release may be your best defense.

RELEASE

Whereas _____

of _____, hereinafter referred to as the patient, has requested Dr. _____ of _____, hereinafter referred to as the physician, to treat him or her for suspected fracture or fractures, dislocation or dislocations, or presence of foreign body or bodies;

And whereas the physician has requested the patient to have X-ray pictures made before or during the treatment of the same;

And whereas the patient has refused to have such X-ray pictures made or it has been found to be impractical to make same;

And whereas the physician has advised the patient that it is unsafe for him or her to be subjected to treatment without the aid of said X-rays, but that the patient nevertheless desires to assume the risk thereof and has requested the physician to subject him or her to such treatment, notwithstanding the risk entailed;

And whereas the physician has consented to treat such case of fracture or fractures, dislocation or dislocations, or foreign body or bodies, provided that, and upon condition that the patient releases the physician from any and all liability on account of any claim which the patient might bring against the physician for claimed malpractice in treating said case;

Therefore, know all men by these presents, that I _____

of _____, for and in consideration of the sum of One (\$1.00) Dollar lawful money of the United States of America to me in hand paid by Dr. _____ of _____

and other valuable consideration, at and before the ensailing hereof, the receipt whereof I do hereby acknowledge, have remised, released, quitclaimed and forever discharged and by these presents do for myself, my heirs, executors, administrators and assigns, remise, release, quitclaim and forever discharge the said

physician, his heirs, executors, administrators, successors and assigns of and from all manner of action and actions, cause and causes of action, suits, damages, judgments, claims and demands whatsoever, in law or in equity, which against the said physician, I ever had, now have or which I or my heirs, executors or administrators, hereafter can, shall or may have for, upon or by reason of any matter, cause or thing whatsoever now or hereafter arising from or as a result of the treatment so rendered by said physician, to said patient either directly or indirectly.

In witness whereof, I have hereunto set my hand and seal this _____ day of _____, 19 _____.

(SEAL)

Signed, sealed and delivered in the presence of: _____

EDITOR'S NOTE: One of the clauses above calls for payment of \$1 to the patient. This, of course, is a formality. No money need actually change hands.

—GEORGE A. VOSS, LL.B.

Location tips

A free service to M.D.'s seeking places in which to practice

An up-to-date list of towns in which physicians have just died is compiled each month by MEDICAL ECONOMICS. A copy of the current list is now available to any reader on request.

Shown with the list is the population of each town, the number of physicians there, the specialty (if any) of the deceased, and the hospital facilities available.

The death of a physician (only active, private practitioners are considered) does not, of course, guarantee a vacancy for another doctor. But openings are created in a sufficient number of towns so that

they amply merit investigation.

Only those communities are included in the list which have less than 50,000 inhabitants and in which the ratio of physicians to population is reasonably favorable.

Names of some of these towns are submitted by cooperative doctors and laymen. In most cases, however, they are obtained from MEDICAL ECONOMICS' post-office returns (returned copies marked "deceased"). They thus constitute the most complete and timely list available anywhere, due to the magazine's comprehensive circulation (more than 128,000 monthly).

NOTE: Readers are cordially invited to submit names of towns in which vacancies for physicians have occurred. Address them to MEDICAL ECONOMICS, Rutherford, New Jersey.

Mousetrapper

[Continued from page 36]

was clogged with some of the world's most influential men, and he was making so many "emergency calls" abroad that colleagues jokingly said the S. S. before his name stood for "Steam Ship" (actually, his first names are Sigismund Schulz.) The Swedish Medical Society and the University of Oslo took him to Norway and Sweden as their guest; the King Edward Hospital Fund summoned him to London for help in recasting the British voluntary

hospital system; Baron Fontenay used his ward plan as a model for that in a vast Parisian hospital. In return for these international favors, the doctor persuaded 100 wealthy acquaintances to provide the funds for the founding of the International Hospital Association.

One of Goldwater's biggest opportunities knocked in 1933, when Josef Stalin decided his services were necessary to the success of the second Five Year Plan. He invited the doctor to Russia as consultant to the 250,000,000-ruble All-Union Institute for Experimental Medicine.

After some thought, Goldwater suggested that the blueprints be sent here. Stalin agreed, dispatching Doctors Krasnogorsky and Sadovsky to obtain Goldwater's ideas.

When they delicately brought up the question of a fee, Goldwater told them to charge it off to good will. The astounded Russians looked at one another, then beseeched him, "Can't you take *something*, Doctor? Our people could never understand such generosity from a professional man in a capitalist country!"

Next to the Communists, some of Goldwater's best clients have been capitalists. His old friend Guggenheim dropped in one day to find out how to spend several million dollars. Goldwater recommended that he build dental clinics for schoolchildren—which he did. Pierre Du Pont came for plans



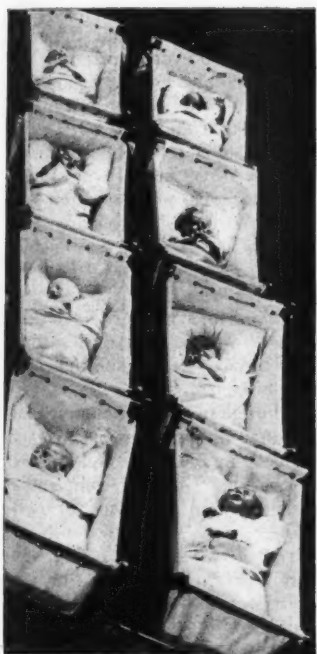
BURNHAM SOLUBLE IODINE

Make it routine medication in every case of PREGNANCY (unless complicated by adenomatous or diffuse colloid goiter). Dose, 10 drops (10 mg. I) in ½ glass of water, twice weekly. Inexpensive, safe protection for mother and child.

Write for Sample • BURNHAM SOLUBLE IODINE CO., AUBURNDALE, BOSTON, MASS.

Accidental Discovery

Gelatinized Milk DECREASES INCIDENCE OF UPPER RESPIRATORY INFECTIONS IN INFANTS



*Many a useful discovery
has resulted from a chance
finding by a keen observer.*

Two years ago a group of university workers fed milk containing 1 and 2% plain, unflavored gelatine to a group of infants. There was a lower incidence of vomiting, diarrhea, and constipation than in control groups. As a corollary, they noticed that those receiving the gelatine formula suffered fewer upper respiratory infections. This was interesting enough to demand further study. The work* was recently repeated in two different clinics and the results substantiated. Knox Gelatine (U.S.P.) was used. It is 100% pure U.S.P. Gelatine—85% protein—in an easily digestible form—contains no sugar and should not be confused with factory-flavored, sugar-laden dessert powders.

*Further Clinical Observations on Feeding Infants Whole Milk, Gelatinized Milk, and Acidified Milk. C. Loring Joslin, M.D., F.A.A.P.; Bulletin of the School of Medicine, University of Maryland; Jan. 1939.

Write Dept. 448

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**LIQUID
PEPTONIDS
WITH CREOSOTE**

THE **Arlington**
CHEMICAL COMPANY
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for his Westchester County (Pa.) Hospital. After they were drawn up, Du Pont objected to one room, which he thought should contain three beds instead of two. The designer's answer was a satiric sketch of a room with patients' beds stacked in tiers. After that, the Du Ponts were docile—except for the time Goldwater's stenographer addressed Irenée in a letter as "Miss Irene."

It is a tribute to the hospital consultant's ability that the only customer who ever rejected his advice was Henry Ford. Perhaps his opinion of the motor magnate's proposal to run, at \$2.50 per patient day, an elaborate institution in which every patient would have a commodious private room and bath, had something to do with it. After hearing the idea outlined by Ford's secretary, Ernest Liebold, Goldwater remarked, in essence: "Tell Ford he's crazy." The deficits that followed Ford's decision to go ahead anyway confirmed the Goldwater criticism.

Although he is now hospital commissioner of New York City, and has been in both the Federal and State service, Goldwater shares the average doctor's distrust of politicians.

In 1911, when New York's Governor William Sulzer laid the State health commissionership at his feet, he pushed it aside. His judgment was vindicated when the Governor was later impeached.

In 1914, New York City's "reform Mayor," John Purroy Mitchell, also beckoned. He tried every inducement to coax Goldwater into becoming municipal health commissioner. He succeeded only after John D. Rockefeller Jr. and other

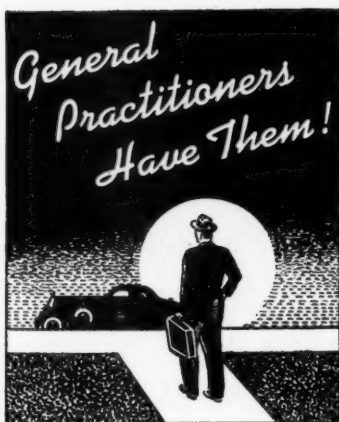
influential citizens had convinced Goldwater that the city badly needed him to do the job.

When Tammany was swept out of office in 1934, Mayor Fiorello LaGuardia urged Goldwater to clean up the department of hospitals. Goldwater responded that he would accept the assignment only on condition that the Mayor himself would agree to keep hands off. LaGuardia agreed. One of the new commissioner's first acts was to suspend one of his own friends for playing politics.

Goldwater's bluntness, though often upsetting, makes him a pearl beyond price to government officials when a job must be done.

There was the time, for example, when the District of Columbia commissioners were puzzling over the cost of a proposed hospital. Congress had tentatively appropriated \$1,500,000; and it seemed peculiar to the budget director that the lowest of seven bids should be \$1,449,500. In despair of obtaining an honest opinion in Washington, he despatched a courier to Goldwater. A few calculations convinced the latter that the expense should be \$1,000,000 at the most. On hearing this, the budget director's man congratulated Goldwater on saving the Government \$450,000, and ran for his train with the evidence for a neat collusion case stuffed in his pocket.

During the World War, the Federal Government drafted Goldwater to the chairmanship of the hospital division of the Council of National Defense. In this position, he fought a war of his own over the Government's methods of organizing Army camp hospitals. This did not discourage Federal officials,



AS a matter of fact, most of the G-E Inductotherms in use by physicians are in the hands of General Practitioners. This is not surprising, for few electro-medical devices have such a wide range of usefulness as the Inductotherm.

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- (2) established mechanical and electrical excellence;
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By direct contact with tissues and slow dissolution, Micajah's Medicated Wafers provides for prolonged medication. This is especially important in treatment of the sensitive mucous membrane areas. Micajah's Medicated Wafers are composed of alum, sodium borate and potassium carbonate specially processed and fused in combination. Unlike harsh, quick acting antiseptics which may injure sensitive tissues, Micajah's Medicated Wafers are soothing, depend upon their prolonged action and continuous contact for their effectiveness. Since 1883 Micajah's Medicated Wafers have been used and recommended by physicians. Professional samples mailed upon request.

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however, who calmly appointed him consulting expert to the Public Health Service in 1918, and, later, counselor to the Veterans' Bureau. In his own State, President Roosevelt, when Governor, frequently called him in to solve knotty hospital problems.

When Marquette University made him history's first Doctor of Science in Hospital Administration, Goldwater might well have considered it the crowning accolade of his career. Instead, today, at 65, he is more active than ever. He has recently seen New York City's \$7,000,000 Welfare Hospital (see cut, page 35), which he regards as one of his masterpieces, become a reality. Now his head is buzzing with plans for other pet projects.

He would like, for instance, to see colleagues paid for their work in clinics; group hospitalization become universal; and some real co-operation between private and public hospitals.

After a hard day in his office, Dr. Goldwater relaxes in his apartment high above Central Park. There he writes—about hospitals. He is the author of over 100 such essays; his favorite being, "On Humanizing the Hospital." Between article-writing spells, Dr. Goldwater also composes Viennese waltzes on the piano, and dashes off nursery rhymes.

He is very proud of his wind. To preserve it, he does not smoke. What's more, every morning before breakfast, he runs a "mile" while standing in the same spot. As late as 1928, he was barely defeated in a rope-skipping contest by a young lady from Virginia.

Dr. Goldwater has three children by the former Clara Aub, whom

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Definite standards, scientifically established, and clinically tested, are employed in the production of Ortho-Gynol. Some principal features of its physical and chemical properties are:

STABILITY... Effective resistance to decomposition in all climates.

Dispersion ... Ingredients are uniformly distributed in the base.

Adhesion ... Spreads readily, forming clinging film. (Tests made on moist surface.)

SURFACE TENSION... Maintained at a level lower than that of body fluids, facilitating admixture with secretions. *Spermicidal Time* ... In S/5 concentration (20% jelly dilution) manufactured Ortho-Gynol shows rapid spermicidal action (within 20 seconds).

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VAGINAL JELLY

he married while at Mt. Sinai: Mary, an ex-student at the M.I.T. School of Architecture; Robert, a lecturer in fine arts at New York University; and Janet, a physiologist and Harvard Ph.D., who presented him with his first grandchild.

In private life, Goldwater is as soft as he is tyrannical on duty; a contrast perhaps best expressed by one of his own jingles:

*I love to be dreamily, lazily slow,
No matter how elders prate;
Yet I must confess (what you surely
must know)
That I hate to be ten minutes late.*

—LAWRENCE BEVERLY

Medical guides

[Continued from page 25]

vate contributions. During the two years the exchange has been in existence, 2,650 workers have enjoyed over half a million hours of productive self-employment.

Self-help schemes are not new. Many cities have them. The Washington enterprise possesses one feature, however, which makes it unique among philanthropic organizations of its kind. For nearly a year, the exchange there has included medical guidance among its services.

In January 1939, Mrs. Thomas Parran, wife of the Surgeon General of the U.S. Public Health Service, went to Dr. William J. Mallory, then president of the Medical Society of the District of Colum-

bia, seeking medical aid for Self-Helpers.

"As I understand it," Mrs. Parran challenged, "any definition of good medical care makes desirable the maintenance of the doctor-patient relationship. The opposite of that is the unrelated succession of clinics through which patients pass at the suggestion or insistence of the social worker.

"For myself and the Board of the Exchange, may I say that I would rather provide ten of our people with medical care of the family doctor type during the coming year than to have the most skilled and experienced social worker route our entire population of participants through the maze of clinical services now available in Washington."

The medical society, while in disagreement with the Surgeon General's views on socialized medicine, was nevertheless impressed by this idealistic appeal from Mrs. Parran. An investigation committee, headed by Dr. Thomas E. Mattingly, was organized as a result.

Assured, first, that only those unemployed who were able and willing to work would be eligible for exchange participation, and, second, that the plan did not compete with private enterprise, the society agreed to cooperate. When canvassed on the subject, fifty Washington physicians rallied to the cause. (How many are now active-

[Turn to page 78]

IN THE ARTHRITIDES

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Hardly a doctor in America is unaware of the dangers of political encroachment upon medicine. But how about the Nation's patients? They are the power who will ultimately decide

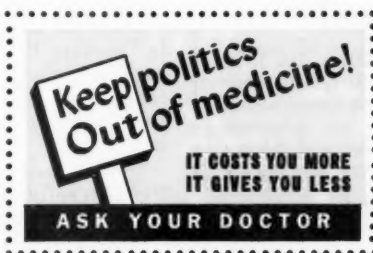
whether Government in Medicine is to be or not to be... On this page, MEDICAL ECONOMICS presents a simple, quick-acting, and inexpensive medium for reaching those patients, namely: stamps. Intel-

ligently conceived stamps have long demonstrated their effectiveness in molding public opinion. The Christmas Seals of the National Tuberculosis Association are but one example of many that might be mentioned. Instead of a long-winded sermon that few people will read, each of the stamps carries a brief message that everyone will read.

Striking black and yellow printing insures maximum eye appeal... These stamps may be affixed to all outgoing mail such as letters and packages. They may also be at-

tached to billheads and letterheads. Placed on the backs of envelopes in which bills are mailed each month, they are sure to be seen while in transit by many people besides the recipient... The stamps are easy to use. They

are supplied in perforated sheets. They're acceptable to the post office. And the propriety of using them is, of course, self-evident... To make possible the distribution of the stamps, MEDICAL ECONOMICS has contributed its facilities entirely without profit. The stamps are sold at cost: 20 cents per 100. Use the coupon below when ordering.



Stamps—An inexpensive and efficient means of warning the public against state medicine.

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Send me _____ stamps. I enclose _____ (@ 20 cents per 100).

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Address _____

ly serving, Dr. Mattingly declines to reveal.)

Dubbed *medical guides*, these volunteers offered two hours of their time a week for four successive

Identical treatment rooms save effort

In planning his office, Dr. J. B. Shannon of Montclair, N.J., made his three treatment rooms identical in size, layout, and equipment. Among the advantages of this arrangement, the doctor lists the following:

He no longer needs to hike from one treatment room to another in search of instruments or supplies that are needed in a hurry. The identical placing of furniture and equipment enables him to move about in the various rooms with complete ease. And he knows exactly where every important implement of each room may be found.

weeks. Since some limitations were mandatory, the experiment was restricted to patients with chronic ailments which were curable. Acute illnesses were not included.

Instructed by the exchange, the patient now arrives at the office of his guide at the appointed day and hour. The guide examines and advises. He does not treat, requisitioning from cooperating Washing-

ton clinics the necessary diagnostic and therapeutic service.

In all instances the patient reports back to his guide for advice and coordination before taking further steps. If hospitalization is needed, the guide prescribes that too. All treatment of the case is personally supervised by the guide until it has been concluded.

Since the inception of the plan in February 1939, fifty-eight cases have been superintended by medical guides. Complaints have varied from colds to cases bordering on incurability.

Guides maintain the exchange tradition and accept scrip for their services. By mutual consent, however, they donate their scrip to the Health Security Administration—coordinating bureau for all Washington health and welfare agencies. The bureau, in turn, distributes it among hospitals which can redeem it at the exchange for brooms, sewing or mending services, layettes for charity patients, etc.

In the light of his experience, Dr. Mattingly believes that Mrs. Parran's idea for the care of the indigent has distinct possibilities. If it continues to grow in Washington, it may quite possibly be duplicated in other parts of the country.

Obviously, it is not possible at the present time to personalize medical care for every needy Washingtonian. Yet progress is reported. Capital physicians feel they have proved that without disruption of

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EVEN the most particular mother would be surprised at the pains we take in the preparation of her baby's food! For we select top-grade fruits and vegetables from the nation's garden spots—buy only the finest cereals and meats on the market. And you should see the series of rigorous inspections, sortings, scrubbing, sprayings and rinsings we give our spinach, for instance! No deviation, however slight, from Heinz rigid standards of high quality and absolute purity is tolerated!

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um-packed in special enamel-lined tins. These processes insure the maximum retention of valuable vitamins and minerals as well as delicious flavors and natural colors!

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Are you prescribing these ready-to-serve strained foods for the infants and soft-diet patients in your care?

Meticulous Heinz workers trimming spinach in the plant at Medina, N.Y.

13 KINDS

1. Vegetable Soup.
2. Prunes. 3. Tomatoes.
4. Spinach. 5. Peas.
6. Green Beans. 7. Mixed Greens. 8. Apricots and Apple Sauce. 9. Beets.
10. Beef and Liver Soup.
11. Cereal. 12. Carrots.
13. Pears and Pineapple.



57

Look For
These Two
Seals. They
Mean
Protection
for Baby.



HEINZ Strained Foods

MEDICAL ECONOMICS, DEC. 1939

public health facilities the close doctor-patient relationship can be maintained.—BUSHROD BARNUM

Medicine joins big parade

[Continued from page 33]

wife and I have had to bid Jane [their daughter] *adieu*. God grant it be not good-bye. Some day the clouds will roll by. If I survive, I hope to revive the friendships of yesterday."

On this side of the water, repercussions from Europe's guns grow still louder.

In support of England's drive to boost its birth rate, Dr. Allan Roy Dafeo has outlined Canada's duty to the motherland as follows: "There is one thing we can all do—produce the men and women to lead the way to peace."

Meanwhile, New York City's Dr. Charles Henry Duncan proclaims it the "duty of a doctor to offer himself to any nation to stop needless sacrifice of life." Taking his own advice, Dr. Duncan has proffered his "Duncan cure" for wounds to all belligerents. It has been accepted for trial, he says, by France. As he describes it, a soldier simply has to "take bacteria from his infected wound, place them in his

canteen with gauze, and mix the bacteria with water. A sip of this water at intervals will set up a resistance that will cure the infection." For want of such a remedy, he maintains, "more than 1,000,000 soldiers died in the last war of non-fatal infectious wounds."

Probably the first American physician to undergo a baptism of fire in this war is Dr. Louis J. Burns, of Philadelphia. He was on the ill-fated liner *Athenia*. Picked up by a rescue ship, he found himself the only doctor among the 428 taken aboard. The only medicine available, he relates, was whisky.

"We couldn't have got along without it," said Dr. Burns. "The skipper pushed a bottle of 14-year-old stuff into my pocket, and said there was plenty more where that came from. Work? I never stopped working. It was the biggest medical experience of my life. We had ten or twelve serious surgical cases."

Meanwhile, the Federal Government is picking the barracks you will occupy if the U.S. decides to participate in the current conflict.

Among the "war resources" to which it is giving special attention are over 10,000 surgeons now in active practice. The Surgeons General of the Army and Navy are

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Glycolixir is a tonic elixir developed by the Squibb Laboratories to supply a suitable pharmaceutical preparation of glycoll. It has been found to exert beneficial results in underweight, loss of weight, anorexia and non-specific asthenia.

Glycolixir is absolutely distinct from all other so-called "tonic" substances. Its effect is strictly physiologic. Its action may be proved and determined biochemically. There need be no fear of overdosage, and there are no known contraindications.

¹ Ray, G. B.; Johnson, J. R.; and Taylor, M. M.: *Proc. Soc. Exper. Biol. & Med.* 40:157 (Feb.) 1939.

² McGuire, Stuart: *Internat. J. Med. & Surg.* 33:459 (Nov.) 1934.



SUPPLIED IN TWO HIGHLY PALATABLE DOSAGE FORMS

Elixir—One tablespoonful presents 1.85 Gm. glycoll in a specially blended base of fine wine. Average adult dose: three tablespoonfuls daily.

Tablets—The tablets present 1.0 Gm. glycoll each. They are pleasantly flavored and distinctively colored. Useful where the alcohol in the elixir may be undesirable. Average adult dose: two tablets, t. i. d.

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billeting these to suit their needs. According to latest returns, they figure that nearly 6,000 surgeons will be eligible for "general duty"; 1,236 for treating battle casualties; 1,178, broken bones; 500, joints; 84, brain and head wounds; and 65, the repair of shattered ears, noses, jaws, and faces. The American College of Surgeons, it is disclosed, will advise the Army and Navy where they can lay their hands on the men they want, when they are needed.

Plans are also being drawn up to establish "blood banks" behind the lines and to record each soldier's blood-type on his identification tag, to speed transfusions.

Besides this, the Army is offering twenty rotating internships to medical graduates who will agree, in writing, to accept a three-year term in the Medical Corps. Candidates must be American citizens, graduates of recognized medical schools, unmarried, and physically fit. Service will begin next July 1. Compensation will be \$60 a month, plus quarters and subsistence.

An even more far-reaching national preparedness drive is expected to be launched next June at the A.M.A. convention in New York City. Its backers are the Indiana

delegates, who will propose, in substance, that "the Association constitute a committee to act with military authorities and veterans' organizations to prepare a detailed program for medical cooperation on mobilization day; that an unhurried, effective program may be established to supply the medical needs of the military, and at home."

A bombshell from the Western front has even landed in Arkansas, where it recently blew up the Pulaski County Medical Society's plan to inaugurate hospital insurance. The program has now been postponed indefinitely because a Little Rock hospital withdrew its support on grounds of "war conditions." Explained the institution's heads: "Disturbed conditions in Europe will change prices of medical supplies from month to month, making cooperation with the plan impractical."

With the example of how war is wrecking European practice before them, and with the war's effects beginning to be felt in the United States, many American doctors are coming around to the belief that they have even more than the average citizen's stake in the preservation of American neutrality.

—ARTHUR J. GEIGER

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a habit of omission



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It is in the period of reconstruction that the three types of Kondremul offer a useful service in the establishment of regularity. By varying the type and dosage of Kondremul, even the confirmed cathartic addict can often be "weaned" from stimulative medication. The three types of Kondremul, in order of eliminative activity, are:

KONDREMUL with Phenolphthalein

For resistant cases. Contains 2.2 grs. Phenolphthalein per tablespoonful of Kondremul.

KONDREMUL with Non-Bitter Extract of Cascara

Particularly suited for atonic constipation, senile constipation, and pregnancy constipation. A pleasant, stable emulsion containing non-bitter extract of cascara.

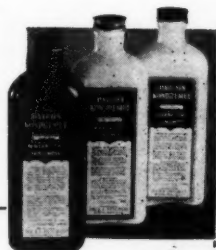
KONDREMUL Plain

For simple constipation. A palatable emulsion containing 55% mineral oil, in which Irish Moss (*chondrus crispus*) is used as an emulsifying agent.

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Dr.

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City

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NOTE: Physicians in Canada should mail coupon direct to Charles E. Frost & Co., Box 247, Montreal—producers and distributors of Kondremul in Canada.

NEWS

DEC. 1939

Doctor Unto Death

Two years ago, Frederick James Hinds, Stanford Medical School student, lightheartedly gazed through a microscope at a sample of his own blood. His smile froze at what he saw. But he reported his diagnosis calmly: myelogenous leukemia. His teachers gave him 100 per cent on the diagnosis—and a year or two to live.

Hinds decided to spend it at what he enjoyed most, the study of medicine. As the disease advanced, he observed it carefully. He kept up his case history until he could no longer use his hands. When the end came, it was discovered he had left his findings to the medical school in the hope that they would some day be of use to his colleagues.

Dr. Loren R. Chandler, Stanford dean, said of Hinds: "He felt he had a job to do—and did it."

A Wave of Patients

When the liner President Harding limped into New York Harbor recently, its doctor, Thomas Fister, told of the huge wave that had almost literally dropped 119 patients into his lap. Fister was in bed—with the gripe—when the comber, described as 100 feet high, struck the ship. He was so ill that a few hours before he had called upon two passengers, Drs. Max and Helene Schur of Vienna, to assist him with an emer-

gency appendectomy upon a crew member.

He awoke to find the ship being tossed about like a matchstick in the heavy sea. A sudden lurch knocked him down, but he picked himself up and made his way to the hospital, where the water was knee-deep. Sending a wireless appeal for medical supplies, Fister organized the seven physicians aboard into a medical unit. They made rounds of the ship, carrying the injured into cabins, bandaging their wounds, and administering narcotics. Twenty-six were so badly hurt that, when the liner arrived in port four days later, they had to be carried ashore to ambulances.

Fister himself hadn't slept since the accident. But his gripe was gone.

Dr. Domagk's Dilemma

Because Hitler said "No," Dr. Gerhard Domagk will not receive the 1939 Nobel Prize for physiological medicine. Although designated by the committee as the award winner, the discoverer of prontosil was declared ineligible under Nazi law, which forbids Germans to accept Nobel prizes. This law has been in effect since 1935, when the Nobel peace prize went to Carl von Ossietzky, a prisoner in a concentration camp.

Dr. Domagk said his selection, at any rate, was an "agreeable surprise." The physician, who experimented with his discovery on his own children to prove its value, confided that he had no idea the Nobel Committee even knew he existed.

Tribute to the committee's choice was paid by The New York Times, which commented: "What strikes one about this award is that it is made to a man who conducted his researches under the auspices, not of a university or hospital, but of industry. Professor Domagk is the seventh industrial scientist honored by the Nobel Prize. The old notion that sound scientific work can be done only in

This report is modifying many a doctor's procedure on infant feeding—

A. M. A. Journal — March 4, 1939



Claims Recognized by the Council: There is evidence that fruits and vegetables in finely divided form, such as these homogenized foods, are well tolerated by infants as young as 1 or 2 months of age. Because the amounts of iron and vitamin B₁₂ of the diet of the infant may require more attention than has been given them in the past, some pediatricians may consider that even small amounts of foods containing these nutritional essentials may be a desirable addition to the diet of the young infant. Libby's Homogenized Baby Foods are accepted as foods suitable for use particularly during the early months of infancy.

(This is from the report on the acceptance of Libby's Homogenized Baby Foods by the Council on Foods of the American Medical Association).

Libby's Baby Foods are suitable for early feeding because they are extra easy to digest. First these carefully selected foods are strained through fine-meshed sieves — then they are specially homogenized to make them extra fine in texture.

*Special homogenization is an exclusive Libby process that completely breaks up cells, fibers and starch particles, and releases nutriment for easier digestion. U. S. Pat. No. 2,037,029.

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- 3 Single Vegetables
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- Cereal Combination
- 2 Fruit Combinations
- 2 Nutritious Soups

NOTE: For summary of clinical and laboratory research on Libby's specially homogenized Baby Foods, write Research Laboratories, Libby, McNeill & Libby, Dept. ME 12, Chicago.





Just what does Ovaltine really give to your patients? The answer is below:

CARBOHYDRATES. The type of carbohydrates supplied by Ovaltine are digested and absorbed in a few minutes.

PROTEINS. Ovaltine supplies an excellent type of proteins to the diet.

FATS. In highly emulsified form.

VITAMIN A. Necessary for the health of the eyes and the epithelial tissue.

VITAMIN B₁. Required for good appetite, healthy nerves, and normal functioning of the digestive tract.

VITAMIN D. The antirachitic vitamin factor so deficient in most diets.

VITAMIN G. Held to be necessary for all normal cell metabolism.

CALCIUM { Bone- and tooth-
PHOSPHORUS } building essentials.

IRON. For the hemoglobin of the blood. Also, Ovaltine prevents milk from forming tough curds (*making it more digestible*) and contributes to the digestion of starchy foods.

What can this "PROTECTING FOOD" REGIMEN do for your patients?

WHEN the problem is to "build up" a patient, Ovaltine can play a leading part in your recommendations.

The reason is that Ovaltine supplies such a variety of important food properties!

It contributes quickly-absorbable carbohydrates, proteins of highest quality, fats in emulsified form, four essential vitamins (A, B₁, D and G)—in addition to calcium, phosphorus and iron. Besides this, it aids in the digestion of starchy foods and makes milk more digestible by reducing the tension of its curd.

And it is extremely easy to digest.

Hence it is in a real sense a "protecting" food-drink, suitable for (1) anorectic children who are underweight and nervous, (2) convalescents, (3) elderly peo-

ple, (4) expectant and nursing mothers and (5) those who cannot drink tea or coffee or who suffer from a depletion of their energy between meals. *The building and "protecting" properties of Ovaltine fit it ideally for inclusion in the dietary of all these classes of patients.*

Ovaltine is *not* a "vitamin and mineral concentrate." It is a well-rounded supplement designed to fill "gaps" in the diet.

Why not advise it more often? It is easy to prepare and makes a delicious drink that your patients will enjoy.

Ovaltine

(RICH IN "PROTECTIVE" FOOD FACTORS)

an academic atmosphere, and that the scientific ideals of industry are different from those of the university, goes by the board. As therapy becomes more chemical, we may expect more contributions like Domagk's from the factory laboratory."

To Ask President's Aid

Last April, MEDICAL ECONOMICS reported that radio and television interests would seek Federal restrictions on short-wave diathermy equipment, on the ground that they create static. This information is now confirmed officially in the revelation of Dr. William H. Schmidt, president of the American Congress of Physical Therapy, that the Federal Communications Commission is asking broadened powers to institute such regulation.

Calling upon colleagues to write President Roosevelt and their Congressmen to halt any attempt of this kind, Dr. Schmidt said:

"Legislation giving the commission authority to impose burdensome regulation would interfere with relieving human suffering and saving lives. It would practically wipe out the property rights of over 30,000 physicians who have invested in this equipment, and would cause increased costs to those subsequently purchasing, thereby increasing the cost of medical care. Unless the medical need is understood by Congress, it is not improbable that legislation will be passed authorizing the commission to enforce restrictions that would wipe out the use of short-wave diathermy machines."

Tribute to a Physician

In Abilene, Texas, a blue light keeps eternal vigil over the grave of Dr. J. M. Estes (see cut). It constitutes a final tribute to the town's pioneer physician whose twenty-six years of practice in the community were

brought to a sudden end on a California road two years ago by a swerving automobile.

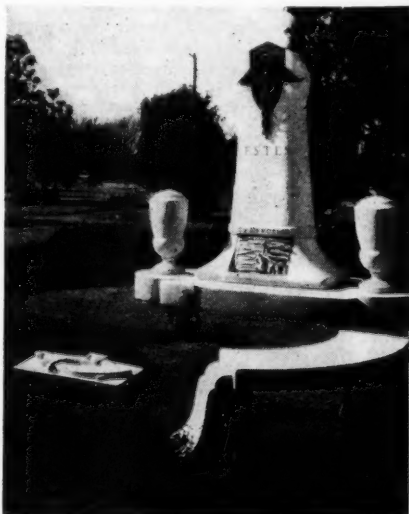
The monument consists of a stone shaft topped by a metal caduceus, behind which the light, shielded by stained-glass, burns perpetually. Below is a bronze plaque in which are imbedded the intubation set with which the doctor is said to have saved hundreds of lives, and his favorite tonsil and abdominal instruments.

The date of Dr. Estes' birth (1874), his name, and the year of his death are recorded on a nearby slab. The memorial was designed by his widow.

Dollars from Heaven

While some legitimate doctors starved, William H. Neher—not an M.D.—collected \$1.50 for the privilege of letting a patient sit in his office. So testified Police Chief Loren R. Shoemaker recently at Neher's trial in LaVerne, Calif. The charge: Practicing medicine without a license.

Shoemaker said the healer claimed



to determine the nature of an ailment by swinging a metal pointer on the end of a string. To cure it, the police official added, Neher "tuned in" the patient on a cylindrical device he called a "cosmic rectifier."

Once this was done, the patient simply took one of a row of chairs between two metal discs in the reception room. At first, he was instructed to sit there twenty-two minutes; later, this was cut to eleven, with the explanation that the machine's power had doubled. According to Shoemaker, he paid \$1.50 for the first tuning, and \$1 a month to sit in the office when he felt like it. If payments ended, Shoemaker said, Neher would threaten to "detune" him.

Under cross-examination by Deputy District Attorney Joseph Carr, Neher denied he made diagnoses or gave treatments. All he did, he explained, was "harmonize the cosmic body with the life forces." The cosmic body, he said, envelopes every individual for four feet on all sides; the life forces are brought down from heaven by his rectifier, which sets up a "cosmic field" in which the suffering sit. He said he simply rented space in this cosmic field.

Asked where he got this information, Neher replied: "Universal intelligence—part of God."

"Are your prayers more fervent than those of others?" Carr demanded.

"I get results," Neher answered.

Only result he got from the jury, however, was a verdict of guilty.

Industrial Revolution

Private practitioners who accept industrial and accident cases are facing new tribulations on at least three fronts.

Leading one charge is Dr. C. D. Selby, General Motors' medical consultant. In a special report on the subject he says:

"A large proportion of workers employed in plants are served by general practitioners who have little knowledge of occupational diseases and are not interested in them, but prefer to treat injuries."

His remedy is a national health program run by industry. As a starter, he suggests that firms extend their health coverage from injuries to anemia, appendicitis, cancer, pneumonia, and the communicable diseases. This expansion would include members of employees' families.

In Pennsylvania, new compensation laws are drawing fire from medical men. Accusing Governor James of jamming through the legislation, the State medical society observes:

"Under this act, physicians are deprived of things for which we have striven for years. Workers are deprived of simple justice."

Among the doctors' objections are that the law reduces the maximum period of treatment from 90 to 60

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because it is

1

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SEDATIVE**



2

**STRONGLY
EXPECTORANT**

• It aids in breaking the vicious circle of coughs that are uselessly irritating or unproductive.

Dosage: For adults 1-2 teaspoonfuls every 2-3 hours or longer; children in proportion.

Supplied: In 4 oz., 16 oz., and half-gallon bottles.

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CLASSIC FORMULA *for* **INCREASINGLY PREFERRED**
intranasal medication



INDICATIONS

Coryza, all manifestations of rhinitis, sinusitis, pharyngitis, laryngitis, grippe, influenza, rose colds, hay fever, summercatarrh, ozena.

FORMULA

"Pineoleum" incorporates camphor (.50%), menthol (.50%), eucalyptus (.56%), pine needle oil (1.00%), and oil of cassia (.07%) in a base of doubly refined liquid petrolatum—plain or with ephedrine (.50%).

SUPPLIED

"Pineoleum" Plain, in Nebulizer Outfit; in 30 cc. dropper, 100 cc., and 1 pt. bottles. "Pineoleum" with Ephedrine, in 30 cc. dropper, and 1 pt. bottles. And "Pineoleum" Ephedrine Jelly.

branes—menthol, as a local sedative—eucalyptus, as a tissue astringent and tonic, and germicide—pine needle oil, as an antispasmodic and disinfectant—oil of cassia, for its ability to provide local relief—ephedrine, as a potent astringent—and liquid petrolatum, as an ideal menstruum that allows the cilia to work well indefinitely.

These ingredients in "Pineoleum's" classic formula help to reactivate the nasal mucociliary defense mechanism, and provide soothing alleviation. For over thirty years the effectiveness of their concerted action has been reflected in the constantly increasing prescription of "Pineoleum".

Send for samples for clinical trial

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PINEOLEUM
REG. U. S. PAT. OFF.
PLAIN OR WITH EPHEDRINE

days; slashes maximum fee allowances from \$200 to \$150; eliminates the patient's freedom of choice; strips the compensation board of power to order extra attention when needed; requires "incontrovertible" proof of the diagnosis; repeals provisions assuring the doctor "an independent standing before the board"; makes optional, instead of mandatory, the appointment of "impartial experts" in compensation cases.

To check on courtroom testimony in accident cases, insurance companies are now photographing accident scenes with "candid cameras," reveals Thomas T. Grimsdale, of the Travelers' Insurance Company.

Hospital Bill of Rights

Faced by attempts to unionize hospital staffs—including interns, residents, and nurses—New York City's voluntary hospitals have adopted a "code of employee relations." Drawn up and approved by the Greater New York Hospital Association, it affirms:

"The interest of public health requires that discipline be observed by every hospital employee. Any organized effort to interfere with hospital service must be regarded as an act of hostility to the common good."

The hospitals proclaim their right to discharge employees "without intimidation or interference when such course is in the interest of patients."

On the other hand, the document sets forth staff rights. Wages, it agrees, should be "comparable with those in the community for similar work and commensurate with the financial resources of the hospital.

Hours of work should not exceed a reasonable maximum. But it should be recognized that in a hospital, emergent situations may require longer work; that the nature of hospital work makes difficult an adherence to time schedules."

The Clinics' Cut

To determine the extent to which public-health clinics have replaced the private practitioner in the care of the indigent, District of Columbia Health Officer George Ruhland some time ago sent a questionnaire to forty-eight State and forty-seven city health departments.

Of the twenty-one cities which have so far replied, more than 90 per cent offer out-patient treatment for venereal diseases; nearly 70 per cent have maternal, infant, child-welfare, tuberculosis, and communicable-disease services; over 40 per cent provide emergency attention and visiting physicians; about 33 1/3 per cent, cardiac care, home deliveries, and mental hygiene; almost 30 per cent, orthopedic service; and about one-quarter, cancer clinics.

Most of the municipal health departments surveyed, according to Dr. Ruhland, favor extension of clinics to cover other ailments. But a majority of State health departments oppose such a step. "Both," Dr. Ruhland added, "seem of the opinion that a majority of the public think well of such a set-up."

Michigan, meanwhile, is toying with the idea of health insurance for its relief clients. Fidele Fauri, assistant State social security supervisor, is considering an offer to pro-

**LAST
CALL**



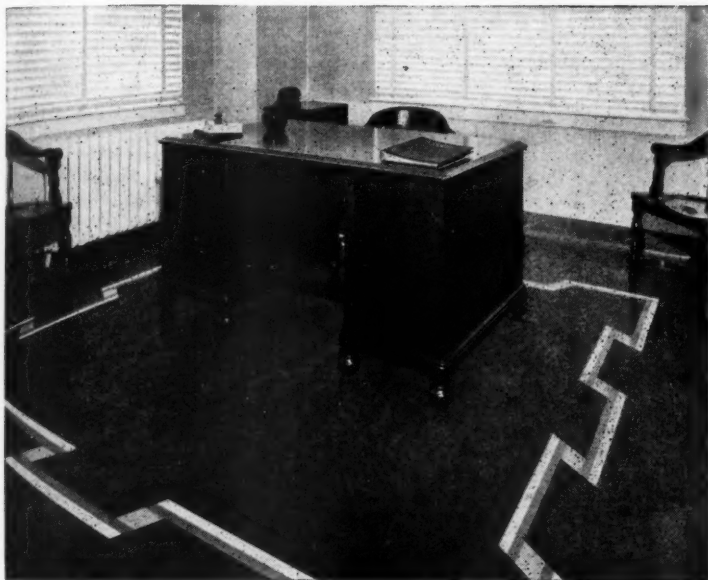
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Handsomely modern in appearance, Nairn Linoleum Floors and Walls are a valuable asset in any professional office. Yet their perfectly smooth, sanitary surface means a great reduction in maintenance costs. *No* costly re-finishing!

Nairn Linoleum Floors, quiet and resilient underfoot, will nevertheless stand up under the most punishing foot-traffic. And for the walls—Nairn Wall Linoleum provides a beautiful,

fade-proof, crack-proof, washable surface.

Installed by authorized contractors, Nairn Floors and Walls are fully guaranteed. Write for free illustrated booklet No. C-97.

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**SAFE,
SURE
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*Peacock's
Bromides*

**ANTISPASMODIC
SEDATIVE • HYPNOTIC**

This synergistic combination of alkali and alkaline earth bromides produces safe and sure sedation and hypnosis. In therapeutic doses it depresses the hyperactive higher centers, creates complete mental rest and physical relaxation.

Peacock's Bromides is extensively used and particularly applicable in the treatment of insomnia, neurasthenia, hysteria, epilepsy, chorea, cardiac and gastro intestinal neuroses.

The well-known purity and uniformity of Peacock's Bromides assure you successful sedation and hypnosis with least danger of side or after effects.

*Standardised at 15 grains
bromides to the fluid dram.*

OD PEACOCK SULTAN CO.
Pharmaceutical Chemists
4500 Parkview St. Louis, Mo.

vide this care for 35 cents a month. The offer came from Michigan Medical Service, the State's new M.D.-sponsored prepayment plan. Premiums would be paid from State or State-Federal funds.

\$145-a-Month Men

Dayton physicians are up in arms over Welfare Director E. V. Stoecklein's proposal to "socialize" care of the Ohio city's relief population. Stoecklein has branded the present system, under which the relief client's family doctor is paid \$1 for an office call and \$2 for a home visit, as too expensive. Pointing out that the bills total around \$5,000 a month, he has announced his intention of obtaining the same care for \$1,740 by setting up a panel of twelve physicians. They would each receive \$145 a month, regardless of the number of cases handled.

M.D.'s Counter-Attack

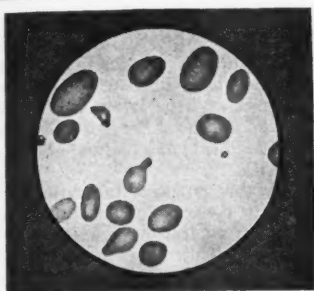
Carrying the anti-socialized-medicine fight into Federal territory, the District (of Columbia) Medical Society's prepayment plan has gained the support of 4,000 of the Government's own employees.

In a confidential report to the society, the organization's board disclosed that it has been sounding out the opinion of eligible Government workers in regard to the project. Some Cabinet officers, it was hinted, refused to permit their employees to be questioned on the subject; and, the report added, "while most granted this request [for permission to send them circulars], they offered no additional assistance."

A similar survey of all Washington's private firms with over fifteen employees was also conducted. Responses from businessmen, it was stated, were "most satisfactory." Many expressed a willingness to cooperate if it would do anything to

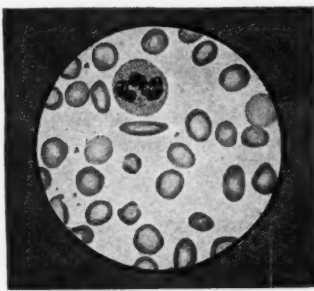
WHEN ANEMIA IS PRESENT

Rational Therapy Demands Differential Diagnosis



PERNICIOUS ANEMIA

Case History: Male, age 36, married;
Hemoglobin: 32%; R. B. C.: 1,420,000;
Color Index: 1.14; Therapy: Liver extract.



IRON-DEFICIENCY ANEMIA

Case History: Female, age 31, single;
Hemoglobin: 45%; R. B. C.: 4,320,000;
Color Index: 0.52; Therapy: Ferrous sulfate.

When a hemoglobin determination has established the presence of anemia, rational therapy demands a differential diagnosis. If pernicious anemia is exhibited, treatment with adequate doses of liver or liver extract is obviously indicated. When an iron-deficiency anemia is present, however, *there is one specific—iron in adequate doses.*

FEOSOL TABLETS

Each tablet contains three grains
ferrous sulfate exsiccated, with
a special vehicle and coating.

FEOSOL ELIXIR

Each fluid dram contains two
grains ferrous sulfate in a pal-
atable liquid form.


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"Ferro-Catalytic"
 The Original **CROCK** Preparation
For SECONDARY Anemias
 the maximum utilization of ferrous carbonate is accelerated by copper as a catalyst for quick rich red blood.
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 RICHMOND VIRGINIA

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For
Head Colds and
Allied Conditions



OLIODIN 3 1/2

(DeLeonton Nasal Oil)

Contains: Iodine (Uncombined), and Methyl Salicylate in refined paraffin oil.

Action: Produces a mild hyperemia with an exudate of serum depleting the tissues, improving the breathing and yet it is soothing to the nose and throat. Try OLIODIN in connection with forms of treatment you may be using in the nose, such as tamponage, sprays, etc. and note the improvement.



For the Eyes
OPHTHALMIC
Solution No. 2 3 1/2
 (DeLeonton Eye Drops)

Contains: Mercury Oxycyanide 33% .00375 grams
 Mercury Cyanide 67%
 with Zinc Sulphate and Boric Acid in Distilled Water.

- USE: 1. As a collyrium (Eye Wash)
 2. Before and after operations
 3. In conditions where above named drugs are indicated.
 4. As a stable solvent for alkaloidal salts such as Atropine, Homatropine, Cocaine, eserine, etc.

Write for literature on other products.

THE DE LEONTON COMPANY

Box 33, Capitol Station, Albany, N. Y.

check the Government trend toward socialism.

Possibility that the plan's present income limit of \$2,500 a year for subscribers may be raised was indicated by Dr. Arch L. Riddick, its president. Returns of the survey, he said, reveal "far greater interest in the service among those beyond the income-limit than among those within."

Hospital Comes to M.D.'s

Instead of the physician having to visit hospitals in search of "interesting cases," the latter are brought to him by the Interstate Postgraduate Medical Association of North America.

For this purpose, the Association recently converted a Chicago hotel room into a hospital. Fifteen beds were installed, nurses put in attendance; and specialists lecturing at the organization's international assembly in the Windy City were invited to bring along flesh-and-blood examples.

The patients were hospitalized only for the day of the talk on their condition, being returned afterwards to their homes or institutions. According to Dr. William B. Peck, of Freeport, Ill., the meeting's managing director, the system enabled as many as 3,000 physicians to observe a wide variety of unusual cases during the five days of clinical sessions.

Social Experiment

A few months ago, 115 South Brooklyn (N.Y.) physicians were impressed by American Social Hygiene Association studies showing that quack-treatment and self-treatment of venereal diseases are increasing. They decided to do something about it. Through their local medical society, they offered their cooperation to the local health department in a campaign against these evils. For a minimum fee of about \$1, they said, they

"I TAKE BACK WHAT I SAID ABOUT DOCTORS!"



1. "Maybe I did say doctors are a bunch of meanies . . . but I certainly had to eat those words! Because *my* doctor turned out to be a regular angel!"



2. "When he advised me to cut out caffeine, I thought I would faint! I didn't see *how* I could possibly get along without my precious coffee!"



3. "You don't have to!" said this wonderful doctor. 'Just switch over to Sanka Coffee. It's *real* coffee . . . 97% caffeine-free!' Well, that sounded better . . . especially after I learned what *swell*-tasting coffee Sanka is!"



4. "So, if you're a lover of good coffee, but not on good terms with caffeine, you'll be glad to know about Sanka Coffee! Being 97% caffeine-free, it lets you forego caffeine without giving up *any* of coffee's warmth, satisfaction, and flavor!"

SANKA COFFEE

REAL COFFEE . . . 97% CAFFEIN-FREE

NOTE TO DOCTORS:

Mail the coupon and get your free quarter-pound of Sanka . . . without obligation. Sanka Coffee has been accepted by the Council on Foods of the American Medical Association with the statement: "Sanka Coffee is free from caffeine effect and can be used when other coffee has been forbidden." Sanka Coffee comes in both "drip" and "regular" grinds. Make it *strong*—use a heaping tablespoon to a cup. A General Foods Product.

M. E. 12-39

GENERAL FOODS, Battle Creek, Mich.

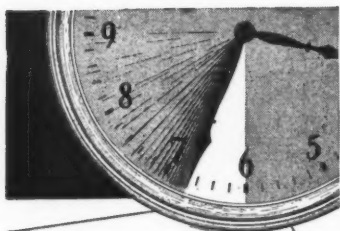
Please send me, free and without obligation, a one-quarter pound can of Sanka Coffee.

Name _____

Street _____

City _____ State _____

This offer expires June 30, 1940—good only in the U.S.A.



**Lower the
Clotting Time**

in

Menorrhagia
Tonsillectomy
Epistaxis
Bleeding Ulcers
Major and Minor Surgery
Menopausal Bleeding and other
types of capillary hemorrhage,

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CEANOETHYN

an orally administered, physiologically standardized coagulant of outstanding merit. Ceanothyn is non-toxic, and may be administered in large doses and at frequent intervals. Average dose: 4 drams, repeated in 20 minutes if necessary.

Ceanothyn is an extract of *Ceanothus americanus* containing the alkaloids in uniform solution (alcohol 10%).

Let us send you a trial supply without charge.

FLINT, EATON & COMPANY
DECATUR ILLINOIS

would accept such cases.

The other day they received the department's reply. It gave many excuses for rejecting their proposal: no provision in the budget, many patients on relief, etc.

The doctors, commenting through their society president, P. J. Imperato, had this to say: "The board of health does not want to believe that the proper treatment of these cases is in the private physician's office."

Bloodless Victory

California's premarital blood-test law continues to produce headaches for Coast practitioners. Clinics financed by the Community Chest are reported getting about 15 per cent of the examination work in San Francisco. State chiropractors are suing in Superior Court for the right to issue health certificates under the law. To top it off, over 60 per cent of California's engaged couples are reported to be side-stepping the regulations by eloping to Reno, Nev., which is enjoying the greatest marriage boom in its history.

The average physician's chance of functioning as a result of the statute is so poor that Dr. Edwin L. Bruck, local medical society president, has publicly chided prospective newlyweds who spend \$10 or \$15 to go to Reno. "If it isn't worth a visit to your doctor to find out if you or your bride has syphilis, what is?" he asked would-be grooms.

In Washington, D.C., Health Officer George Ruhland is plotting the most stringent of all premarital laws for the District of Columbia. It would bar the altar to idiots, epileptics, the feeble-minded, and those with inheritable mental conditions, as well as the venereally diseased.

Individual medical men tend to be critical of Dr. Ruhland's brainchild. Dr. Winfred Overholser, St. Elizabeth's Hospital superintendent, sees "some practical obstacles in the way

of limiting marriages of that group." Dr. Mitchell Dreese, of George Washington University, predicts bluntly: "The individuals in question will mate nevertheless." And a clerk in the local marriage license office admits she has been exercising her own judgment about refusing licenses to couples she considers light-headed.

Cancer's Blue Book

Physicians are watching the effect of a New York law making cancer a reportable disease. Although the statute technically took effect last July, lack of official machinery has held up its enforcement. Now that forms have been distributed to doctors, the State has warned that violations will be dealt with severely. Under the legislation, practitioners must report all malignant cases to the health department, while pathologists are required to report all positive tissue specimens.

Air Hostess Aims at M.D.

Pretty, 23-year-old Henrietta Mumaw of Pittsburgh, Pa., is going to become the first full-fledged practicing physician to graduate from air hostess ranks—all because of a chance conversation with a doctor on a Kansas-City-bound plane.

Miss Mumaw, now attending Stanford University Medical School in Palo Alto, Calif., still can hardly believe that within two weeks after telling the air passenger of her ambition to be a doctor, she was enrolled for a four-year course at Stanford, all expenses to be paid by her patron.

The doctor, a Kansas City philanthropist, was interested in Miss Mumaw's casual talk about the field of medicine during her visits with passengers as a T.W.A. hostess. He decided to investigate her worthiness to become a physician.

He learned that Miss Mumaw for two years had worked from 11 P.M.

For Maximum Hematopoiesis

*All the benefits of iron . . . with
All the benefits of manganese*

—rendered fully assimilable by organic combination in peptonate form with partially predigested albumin.

GUDE'S PEPTO-MANGAN

is completely non-acid, non-irritant to gastric mucosa, and free from corrosive or staining effect on the teeth.

INDICATIONS:

For hypochromic condition in anemias of all types, during convalescence, after operations or prolonged fevers, for undernourished children or elderly persons.

SUPPLIED:

In bottles of 11 fl. oz. or boxes containing 60 tablets, each separately enclosed in a safe and convenient wax-covered paper.

Each tablespoonful (15 grams) contains .2745 grams of peptonate of iron and .0973 grams peptonate of manganese. Alcohol 16%.

Samples on Request



M. J. BREITENBACH CO.
160 Varlek St., New York, N. Y.

to 7 A.M. nightly nursing in a children's hospital to earn a living while pursuing a full day course of pre-medical and medical studies at the University of Pittsburgh.

He learned that she had been faced with the threat of a physical breakdown and had been forced to quit her studies. She was able to get only two to three hours sleep nightly during the two years at Pittsburgh, yet her record was almost straight A's and her pre-medical work won for her a scholarship as the outstanding woman student in her class in 1938.

The doctor's investigation also showed that when Miss Mumaw sought T.W.A. hostess work, open only to registered nurses, her grade for the written training examination was 99. She began flying regular routes on the airline on June 15.

The physician told Miss Mumaw that he would send her to school, free from financial strain, providing she in turn would agree to finance another student toward a medical degree some day.

Where Labor Stands

Payroll deductions and State control threatened by the National Health Program will be fought by the American Federation of Labor, its executive council has indicated. After weighing the possibilities of a Government medicine program, union

chieftains declared cautiously:

"We favor the principle of sickness insurance, but urge careful planning for the program on a national basis, under competent administration, with financing which will fit into the social security program."

Amplifying these reservations, Mathew Woll, A.F.L. vice-president, said that his organization favors Federal, rather than State, control of any program, and payment of its cost by the general public, instead of by employees.


The C.I.O. convening in San Francisco, endorsed "health insurance to provide Federal medical care for all, free care for low-income groups, and construction of needed hospitals."

Patients' Ability-to-Pay

The average American wage-earning family which lives in a city spends \$40.12 a year—less than 2.7 per cent of its income—for medical services. This covers the care of three persons, with a median annual income of \$1,515.

So reports the U.S. Bureau of Labor Statistics, after surveying the expenses of 14,469 self-supporting families in forty-two cities. The group's annual earnings ranged from \$500 to over \$3,000.

Food, housing, clothing, transportation, fuel, recreation, furnishings, and household operations were found



CYSTOGEN

the dependable urinary antiseptic

One of the most important aspects of Cystogen is its high degree of toleration. This is especially desirable as it enables the physician to administer Cystogen without discomfort to the patient. Cystogen has been found effective in pyelitis, cystitis, prostatitis, urethritis and other G-U infections. Provides rapid internal antiseptics, relieves renal and vesical pain. In 3 forms: Cystogen Tablets, Cystogen Lithia, Cystogen Aperient. Send for free samples.

methenamine in its pure form

CYSTOGEN CHEMICAL CO. 190 BALDWIN AVE. JERSEY CITY, N.J.

"QUID PRODEST TOTIUS REGIONIS SILENTIUM, SI AFFECTUS FREMUNT?"

—SENECA, *Epistles*

"What boots the calm of this
whole shop,
If my inside is going pop?"



SUPPLIED

In bottles of 25, 100, 500,
and 1,000 tablets.

DOSAGE

Two 5-gr. tablets before
and after meals, increased
if necessary.



EVEN that old stoic Seneca lost his complacency when a stomach upset rose to plague his philosophic calm! From his day down to the present, digestive disturbances have provoked more subjective distress than any of the lesser ailments to which humanity is heir.

To the modern sufferer, Peptenzyme Digestant Tablets offer a welcome *physiologic* aid to the digestive process—providing, in pleasant and convenient form, pepsin with pancreatic and duodenal enzymes, in effective dosage.

The grateful relief which their administration so often provides recommends their prescription in cases of functional dyspepsia, nervous and intestinal indigestion, acute, chronic and alcoholic gastritis, and the vomiting of pregnancy.

Write for a trial supply of this ideal digestant

REED & CARNRICK
JERSEY CITY • NEW JERSEY
The Pioneers in Endocrine Therapy

PEPTENZYME TABLETS

to take precedence over medical service in the budget. Apart from the necessities, the average home visited spends \$87 yearly—or more than twice its doctor's bill—on its automobile. What it lavishes on cameras, radios, movies, ball games, amusements, newspapers, tobacco, and play is likewise almost double what it pays its physician.

Of every dollar expended on health, 22 cents was discovered to go for medicines, eyeglasses, and appliances; 10 cents for hospitalization; and 68 cents for other medical services, including the doctor.

Statistics on Sots

Since 1910, the U.S. Bureau of the Census has been faithfully recording the passing of every victim of John Barleycorn. Not long ago, it released the results, without comment.

They show that the alcoholic death rate of this country fell from 5.8 per 100,000 in 1910 to 1 per 100,000 in 1920 (three years after the enactment of Prohibition). Then it rose to 4 per 100,000 in 1927 and 1928, after which it dropped again to 2.5 in 1932 (one year before Repeal). It has remained about the same ever since.

The bureau announced, also without comment, that liquor kills four times as many men as women.

Fortified with grants from three foundations, the Research Council on Problems of Alcohol—composed largely of physicians—is trying to find out what the medical profession can do about this situation. The council looks upon alcoholism as a disease, and hopes to discover more ef-

fective methods of treatment.

Meanwhile, the National Safety Council, which has been pondering the quirks of drunken drivers for three years, has decided that doctors are needed in a control program. It urges "chemical tests of body fluids or breath in suspected cases . . . Enforcement departments should work with physicians . . . to establish an arrangement for tests and testimony in court. Testimony on the meaning of the tests should be committed only to competent specialists."

Similar tests have just been advocated by the District (of Columbia) Medical Society, "provided they are developed scientifically and used only to prove contributory negligence." The society also suggests eye examinations for drivers seeking license renewals.

Despite popular opinion, the drunken driver is not so dangerous as the drunken pedestrian, warns the National Safety Council. The council has discovered that the latter is involved in 13 per cent of all traffic accidents; the former, in only 9 per cent.

Firemen Burned Up

Five hundred firemen have turned the nozzle of criticism on San Francisco's compulsory health insurance project. Inflamed by the project's decision that they must subscribe—whether they like it or not—the fire fighters have turned in a protest of five-alarm proportions. They maintain that membership in the Firemen's Mutual Aid Association exempts them.

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co group, it may soon have a counterpart in another section of the State. Politicians in Salinas have been considering a similar plan for their employees. This came to light recently when the local city council "informally" approved the proposal. Formal approval will follow, it was said, as soon as the would-be patients "are ready to proceed."

Society Conducts Clinic

For the past month, the Tulsa (Okla.) County Medical Society has been operating its own clinic. Through the cooperation of the county commissioners, charity patients are provided with hospitalization and drugs. Treatment is given by 125 society members, each of whom volunteered to serve two mornings a week.

Led by Dr. A. W. Pigford and Secretary Lloyd Stone, the society spent over a year organizing its plan to take over care of the local indigent. Certification of its legality was secured from the Oklahoma attorney general. A gift of \$6,000 for equipment was obtained from Waite Phillips, Tulsa philanthropist.

Seeks "Master Plan"

Medicine should draw up its own national health program, says Dr. Nathan B. Van Etten. Speaking at the Indiana State Medical Association's annual banquet in Fort Wayne,

the A.M.A. president-elect urged that "every physician in the United States be enlisted in the search for a master plan." According to Dr. Van Etten, it should include the following planks:

Creation of a Federal health department headed by a Secretary of Health; support of the family doctor relationship; administration by States and subdivisions familiar with local needs; experiments by State medical societies with voluntary health insurance; and a demand by the profession for Government action on slum clearance.

Coast Venture Grows

In its first two months of operation, the California Physicians Service (voluntary health insurance organization) acquired over fifty groups of patients, announces President Ray Lyman Wilbur. Each group has from five to 15,000 patients.

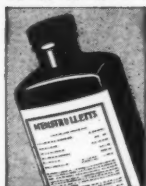
Already optimistic observers are advocating further widening of this type of service. Cincinnati's Dr. Julien E. Benjamin, addressing the Kentucky Conference of Social Work at Louisville, proposed that such a system be extended to the indigent. The bills for their premiums, he suggested, could be sent to the Government.

Others view this expansion with a different eye. It was made the subject of a bitter attack by New York Assemblyman Robert F. Wagner Jr.,

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son of the Wagner Bill author, at the New York State Conference on Social Work in Rochester. Said Wagner: "Rates charged by voluntary health insurance groups are so high that the poor, whom we are trying to help, cannot afford these plans."

The same gathering heard Dr. Allan M. Butler, of Harvard, assail various State medical societies' voluntary insurance schemes. "Under such a system," Butler asserted, "if the rates are to be kept at a price the public can afford, fees will have to be slashed or services curtailed. In either case, the quality of medical care will deteriorate."

His speech the same day before the American Public Health Association, however, took another note. In it, he urged the Association to work for "an increase in the number of voluntary insurance groups." Besides bringing medical care within the reach of the low-income classes, he stated, they establish standards of

cost and quality. The latter, he said, were essential to the foundation of state medicine plans.

Shadow Over Medicine

Further evidence of how political control affects medicine is brought to light in two new reports on conditions at Government institutions.

One, made by New York City's Hospital Commissioner S. S. Goldwater, asserts that, in the metropolis' hospitals, "vital decisions must be made by officials who have no direct responsibility for the care of the sick." If they had "reasonable freedom," Dr. Goldwater adds, Government institutions "could compete on even terms with voluntary hospitals, which are unhampered by troublesome legal restrictions or complicated inter-departmental relationships."

The second is an account of the findings of Federal investigators who probed the Veterans' Hospital in Saw-



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telle, Calif. It charges that narcotics were smuggled in to patients; patent medicines—"enough to start a drug store"—were found on the premises; many patients were not really sick, "but remained on the hospital rolls because of political influence."

McNutt Boosts N.H.P.

Extension of the benefits of public health protection to all people of the United States and the provision of adequate medical care and hospital facilities to every needy person was advocated recently by Paul V. McNutt, Administrator of the Federal Security Agency.

The chief of the Government's new health, social welfare, and education agency expressed the belief that the National Health Program represents a most intelligent and humane effort to overcome those conditions which "reduce the national vitality and tend to prevent the attainment of the maximum mental and physical development of our citizens."

Mr. McNutt's endorsement of an expanded health program was contained in a greeting to the public health workers of the nation which appears in "The Health Officer," a publication of the U.S. Public Health Service.

In commenting on the progress that has been made in the improvement and extension of State and local health services with the stimulus of Federal aid authorized and financed by such legislation as the Social Security and Venereal Disease Control Acts, Mr. McNutt pointed out that "the number of counties or other rural districts having the benefit of full-time health services has increased more than 250 per cent since 1933 and the number of States conducting venereal disease control activities has more than doubled."

Administrator McNutt heads the Federal agency which, under the President's reorganization plan, in-

cludes the Public Health Service, the National Youth Administration, the Office of Education, the Civilian Conservation Corps, and the Social Security Board.

The Federal Security Administrator paid a special tribute to the Public Health Service as the oldest of the organizations now grouped together in the new Federal Security Agency. In reviewing the 141 years of its existence, Mr. McNutt pointed out, however, that these achievements would not have been possible without the full and harmonious cooperation of State and local health authorities and other official and non-official organizations concerned with the public health. He reminded the health workers of the country that "the responsibility for the prevention and control of diseases, as in other matters of social welfare, is shared jointly by local, State and Federal Governments."

\$100,000 For Fingers

How much are a surgeon's hands worth?

A New York City jury, after debating this question for six hours, recently set their value at \$100,000. This was the amount it awarded Dr. Richard J. O'Connell Jr., who lost part of three fingers as the result of burns suffered while X-raying patients in the city's Bellevue Hospital. He had asked \$250,000.

National School Program

A Government medical school that would make M.D. training available to the "educationally indigent" is the goal of Dr. Alan Gregg of the Rockefeller Foundation.

Blasting medical schools that teach their students to "cure illness for fees" instead of to become "salaried servants," Dr. Gregg asks:

"How can we expect understanding of the underprivileged among

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students who have never been underprivileged?"

As a solution, he wants the Government to run a medical school; choose its students from the poor; instruct them in psychology, sociology, anthropology, economics, English, and mathematics, as well as medicine.

Meanwhile, such a school as Dr. Gregg denounces—Rush Medical College—announces that it will take its last undergraduate class next Fall. The pioneer medical school of the Midwest, chartered in 1834, will abandon undergraduate courses in July 1942 to become a graduate center. Thereafter it will stress medical research; prepare graduate students for the specialties.

Yale's medical school is now planning a library devoted to the history of Medicine. With the collections of Drs. Harvey Cushing, John F. Fulton, and Arnold C. Klebs as a nucleus, the library will be housed in a wing to be added to the Sterling Hall of Medicine. Provision will be made for 400,000 volumes. Promises President Charles Seymour: It will be "a treasure-house of the utmost importance to the medical profession."

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